Progress Report
Year 3 Review (2009)

Sectoral Plan
under the Disability Act 2005
(Parliamentary No. A10/0144)
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Foreword by Mr John Moloney T.D., Minister for Equality, Disability and Mental Health

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ANNEX
Year 1 Review (2007) of 2006 Sectoral Plan
Foreword by John Moloney T.D., Minister for Equality, Disability and Mental Health

I am very pleased to publish this second review setting out progress in relation to the implementation of the Department of Health and Children’s Sectoral Plan in respect of health and personal social services provision for people with disabilities.

The Disability Act 2005 provides that reports on progress in implementing Sectoral Plans should be completed at intervals of not more than 3 years from the date of their publication. As the Health Sectoral Plan was the first step in establishing a baseline for access to health services and for service delivery and standards, the Department undertook in the Plan to review progress each year for the three years following its publication.

A Year 1 Review was published in December 2007. It reported on progress up to the end of 2007 and also identified new and reviewed actions to further develop the Sectoral Plan actions. Publication of a second review was deferred to 2009. This review, the Year 3 Review, summarises progress since 2007 up to the end of 2009. It reaffirms a continuing commitment at all levels of the health service to access and equity of service for people with disabilities. It should be read in conjunction with both the Sectoral Plan and the Year 1 Review.

There is no doubt that a number of significant developments have taken place in the short period since the Health Sectoral Plan was published, with the aim of improving the manner in which services respond to the needs of people with disabilities.

The establishment in January 2008 of a new Office for Disability and Mental Health is another such development. As well as supporting implementation of the Health Sectoral Plan, the new Office has a remit to facilitate delivery of integrated health and educational support services for children with special needs, to develop an appropriate continuum of training and support services for people with disabilities and to drive implementation of the recommendations in A Vision for Change and Reach Out.

Part 2 of the Disability Act commenced for children under the age of 5 years with effect from 1 June 2007. In tandem with the Department of Health and Children’s review process for its Sectoral Plan, implementation of the Disability Act 2005 is being monitored closely on an ongoing basis through a variety of structured reporting mechanisms, such as the Senior Officials Group on Disability, the National Disability Advisory Committee and the National Disability Strategy Stakeholder Monitoring Group. I wish to acknowledge the continued efforts and co-operation of all involved in these processes. In addition, the contribution of the many non-Governmental organisations who work in the disability and mental health fields cannot be overstated.

I look forward to the continued support of all involved stakeholders as we drive further progress in achieving the Health Sectoral Plan objectives.

John Moloney T.D.
Minister for Equality, Disability and Mental Health
December 2009
Executive Summary

The Health Sectoral Plan, published in 2006, was the first step in a complex process to establish a baseline for access to health services and for service delivery for people with disabilities in Ireland. The Plan was developed through an extensive consultation process with all relevant stakeholders.

The Sectoral Plan set out the actions which the Department of Health and Children, the Health Service Executive and the statutory bodies in the health sector would take to meet their obligations under the Disability Act 2005. It represented a commitment at all levels of the health service to access and equity of service for people with disabilities.

The development of the Sectoral Plan provided an important opportunity to ensure that the needs of people with disabilities are considered in all health policy planning and service delivery processes.

The Disability Act 2005 provides under Section 31(4)(d) that a review of the Sectoral Plan would occur within three years of publication. A Year 1 Review was published in 2007. It reported on progress up to the end of 2007 and also identified new actions to be achieved in 2008 and 2009.

This document is the second review of the Health Sectoral Plan and constitutes the Year 3 Review. It should be read in conjunction with both the Health Sectoral Plan and the Year 1 Review. A copy of the Year 1 Review is attached as an Annex to this review. The Year 3 Review reports on progress since 2007 by reference to the new and reviewed actions set out in the Year 1 Review. This Year 3 Review was prepared taking account of consultation with stakeholders and significant developments since 2007, including relevant commitments contained in:

- the Agreed Programme for Government 2007;
- the Renewed Programme for Government (October 2009); and

This Review also contains updated information on:

- relevant codes of practice and/or regulations;
- relevant complaints procedures;
- Sectoral Plan monitoring and review procedures;
- relevant health-related services provided to persons with disabilities;
- criteria governing eligibility for health services for persons with disabilities;
- arrangements for the implementation of Part 2 of the Disability Act 2005;
- arrangements for co-operation by the HSE in relation to the development and co-ordination of services provided by housing authorities for persons with disabilities; and
- other relevant matters.

While the current economic situation poses challenges to the ongoing achievement of Sectoral Plan commitments, it also presents opportunities for creative thinking and exploring new ways of how to deliver supports for people with disabilities. This Review comes ahead of the publication of a number of very significant strategy and policy
reviews currently under way in the health sector, including:

- Value for Money and Policy Review of Disability Services in the Health Sector;
- Adult Day Services Report;
- Congregated Settings Working Group Report;
- Rehabilitation Strategy.

In addition, the Renewed Programme for Government (October 2009) includes a commitment to publish a National Disability Strategy Recession Implementation Plan on accessible public and social services for people with disabilities to facilitate their full participation within the State. Specifically within the health sector, the forthcoming Value for Money and Policy Review of Disability Services in the Health Sector will address how existing resources could be deployed to greater effect.

The conclusions of these reviews and reports are likely to have significant implications for the Health Sectoral Plan, which will be further reviewed following publication of the Value for Money and Policy Review.

Progress up to 2007 was set out in the Year 1 Review published in 2007 (see Annex). The summary table below outlines progress since 2007 by reference to the new and reviewed actions in the Year 1 Review. The main body of the report sets out progress in further detail.

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<tr>
<td>1. DOHC to monitor the Implementation of Part 2 of the Disability Act 2005 for children under 5</td>
<td>Since the commencement of Part 2 of the Disability Act 2005 for children under 5 on 1 June 2007, the DoHC and the HSE have established a monitoring group which meets formally on a regular basis to consider significant issues as they arise. The Department has also participated in a number of review workshops with the HSE, clinical personnel and other relevant officials to address particular issues. The Department and the HSE agreed a set of performance indicators relating to assessments which have been included in the HSE Service Plan and which are reported on a quarterly basis.</td>
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| 2. DOHC to monitor the filling of the development posts for which the recruitment timeframes have been extended into 2008 by the HSE | €9.8m was allocated as part of the MAIP for 2008 to create 140 additional multidisciplinary team posts in 2008 to provide assessment and ongoing intervention services to children with a disability and in particular with reference to the implementation of the Disability Act.

The HSE informed the Department that the commencement of planned developments in disability services in 2008 had been delayed due to a financial review in the HSE. The process of recruiting the 140 posts approved during 2008 extended into 2009. By the end of June 2009, 131 of these posts had been filled and the process of filling the remaining posts is nearing completion.
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<td>An additional sum of €7.2m was allocated in Budget 2009 for 90 new therapy posts for disability services. These posts have now been allocated to priority areas of need identified by the HSE, in particular to address gaps in existing services for children with disabilities. A recruitment process is well under way. The Department is continuing to monitor the situation and working with the HSE to ensure that the development posts will be in place as early as possible.</td>
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<td>3. DOHC to agree protocols with the DES and the NCSE for the referral of children under 5 for education assessment</td>
<td>A Protocols Sub-Group of the Cross Sectoral Team was established in early 2008 and has held regular meetings since then. Interim working arrangements between the health and education sectors for the referral of children aged under 5 are in the process of being finalised and should be available to practitioners shortly. An interim protocol has been agreed between HSE, NCSE and NEPS for desktop assessment of education needs, based on reports of health related professionals. Procedures for localised referral to SENOs under Section 8(3) have been developed with NCSE and NEPS. A monitoring system has been developed to address locally identified issues. In addition the HSE is developing a guidance document to assist Assessment Officers in liaison arrangements between the health and education sectors.</td>
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<td>4. DES, DOHC, NCSE and the HSE to prepare for the commencement of Part 2 in respect of children aged 5-18</td>
<td>The Cross-Sectoral Team, comprising senior officials from the ODMH, DoHC, HSE, DES and NCSE continues to meet regularly to plan for the further commencement of Part 2 of the Act in tandem with the commencement of the EPSEN Act. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act. The Renewed Programme for Government (Oct 2009) includes commitments which will entail significant collaboration between the education and health sectors in the context of continuing to prepare for the commencement of the EPSEN Act and of Part 2 of the Disability Act in respect of children aged 5-18.</td>
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<td>5. DES, DOHC, NCSE and the HSE to prepare for the statutory requirements of Part 2 to be extended to adults</td>
<td>The Cross-Sectoral Team continues to meet regularly to plan for the extension of the statutory requirements of Part 2 of the Act to adults. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act.</td>
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<td>6. HSE to put in place</td>
<td>Temporary Complaints Officers were appointed in January</td>
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<td><strong>Actions (2007 Review)</strong></td>
<td><strong>Progress since 2007</strong></td>
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<td>the administrative structures necessary for the processing of complaints under Part 2 within the new statutory complaints framework.</td>
<td>2008, and permanent Complaints Officers were appointed in October 2008. The HSE has established a complaints procedure for complaints received under Part 2 of the Act. Complaints Officers deal with all complaints under Part 2, either through informal resolution or through formal investigation. Complaints Officers then make a determination on the complaint and prepare a report. In the first year of implementation, from 1 June 2007, 64 complaints were received. 203 were received in the second year.</td>
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<td>7. HSE to develop guidelines for improving the accessibility of health services for people with disabilities in Ireland.</td>
<td>Progress to date in achieving this objective has been slower than anticipated. It is envisaged that the HSE will by mid-2010 appoint a National Specialist in Accessibility, whose role will include all accessibility issues across the HSE. This will include developing guidelines for ensuring the accessibility of mainstream health services for people with disabilities in Ireland, and ensuring that Access Officers are in place and disability awareness training programmes are developed and available for employees as necessary.</td>
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<td>8. HSE to collect information regarding numbers of employees with a disability as required under section 48(2) of the Disability Act 2005.</td>
<td>A Census of Employees was conducted during 2007 and the HSE submitted its report to the Monitoring Committee established under section 48 of the Disability Act.</td>
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<td>9. DOHC to arrange for the appointment of a permanent Appeals Officer</td>
<td>Following a competition held by the Public Appointments Service a permanent Disability Appeals Officer (DAO) was appointed and took up office (Aug 2008). An independent appeals process is in place for a complainant to appeal to the DAO against a recommendation of a complaints officer and/or non-implementation of the recommendation of a complaints officer by the HSE or education provider.</td>
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<td>10. DOHC and HSE to make arrangements for a review of the existing information management systems within the disability and mental health services</td>
<td>The DOHC and the HSE have initiated a review, in partnership with other stakeholders, of the information requirements for health and personal social services for people with a disability in the context of the requirements of the Disability Act, the 4 existing standalone databases and the outcome of the VFM and Policy Review of Disability Services in the Health Sector. A series of planning discussions and meetings with relevant parties to advance this objective has taken place since the beginning of 2009. The major issues identified in relation to advancing this project include the effect of/link with the major VFM and Policy Review being undertaken</td>
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<td>An interim IT system has been developed in order to collect the data required to</td>
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<td>allow the HSE to meet its obligations under the Act. These records are being</td>
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<td>• the services provided and by whom;</td>
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<td>• the needs identified and not included in Service Statements;</td>
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<td>• the number of applications for assessment made and completed;</td>
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<td>• the number of persons (including age and category of disability) not receiving services identified in Assessment Reports.</td>
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<td>services identified in Assessment Reports.</td>
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<td>11. HSE to submit annual reports to the Minister of Health &amp; Children under S.13 of</td>
<td>The first annual report, covering information on 72 assessments completed in 2007, was submitted in February 2009. The second annual report is currently being finalised by the HSE and it will then be submitted to the Minister.</td>
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<td>the Disability Act 2005</td>
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<td>12. DOHC and the HSE to agree protocols with the Housing Authorities to deal with</td>
<td>(i) A group chaired by the DOEHLG, and including representatives of the DOHC, the HSE and the Local Authorities, drew up a protocol to govern arrangements between the HSE and Local Authorities in relation to likely housing needs identified under the assessment of need process (for under 5s as Part 2 of the Disability Act has commenced for this age cohort). The protocol, agreed by the Group in July 2007, is being implemented. Information relating to the protocol is available on both the DOHC and the DOEHLG’s websites. Further protocols in relation to assessment of need for people with a disability will be developed and implemented, for all age groups, in line with the phased implementation of the statutory requirements of Part 2 of the Act. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act 2004.</td>
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<td>the following:</td>
<td>(ii) A protocol governing the strategic assessment of the nature and extent of local housing needs of people with a disability will be developed and implemented by early 2010.</td>
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<td>(i) ensure that housing strategies and housing action plans reflect specific</td>
<td>(iii) Work is continuing between the DOHC, the DOEHLG and the HSE and Local Authorities on the development of a protocol to facilitate better coordination in relation to the</td>
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<td>strategies for dealing with the housing needs of people with disabilities;</td>
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<td>(iii) support costs for social housing projects provided for people with disabilities.</td>
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| provision of funding for social housing projects provided for people with disabilities. This protocol will develop liaison arrangements between the HSE and Housing Authorities in relation to the provision of ongoing revenue funding for operational / support costs, by the HSE, where necessary, for social housing projects provided by approved housing bodies. The protocol is expected to be implemented by the end of 2009. | The Government decided to transfer the following allowances currently administered by the HSE to the DSFA:  
- Domiciliary Care Allowance, including Respite Care Grant;  
- Blind Welfare Allowance;  
- Mobility Allowance and  
- Infectious Diseases Maintenance Allowance (IDMA).  

Detailed proposals are contained in the [2008 Social Welfare and Pensions Act](#).  
Responsibility for new applications for Domiciliary Care Allowance (including the Respite Care Grant) was transferred to the DSFA from 1 April 2009. The stock of existing claims was transferred in Aug 2009 and the first payments to those recipients by DSFA issued in Sept 2009.  
The small number of people who were on the IDMA were transferred to an appropriate DSFA allowance. Accordingly the IDMA is to be abolished. The DoHC will be repealing the legislation in 2010.  
The next phase will initially include a review of the policy and operation of the Mobility Allowance.  
The health sector will continue to collaborate as appropriate with the DSFA in relation to the Government decision to transfer the Blind Welfare and Mobility Allowances to the DSFA. |
| 13. DOHC to agree protocol with the Dept. of Social and Family Affairs to deal with the following:  
(i) develop income and related supports for people with disabilities in order to ensure that they have adequate, secure and sustainable income;  
(ii) ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/ educational opportunities;  
(iii) ensure that supports to Carers are efficient and effective and are adaptable to their needs in a changing care environment. | To provide a mechanism for a cross-sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities, a Cross Sectoral Group has now been established to progress a targeted Action Plan. This will include the formulation of a comprehensive employment strategy and the development of a strategic framework to facilitate and promote access to employment for persons with a |
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<td>(i) respective agencies of the government decision to transfer responsibility for sheltered and supported employment from the Dept of Health &amp; Children to the Dept of Enterprise &amp; Employment; (ii) to agree an action plan for the phased transfer of funding and responsibilities from the health sector to the Dept of Enterprise &amp; Employment; (iii) to plan and develop Joint Bridging Programmes between health-funded day services and DETE/FÁS training and employment services to ensure a more effective progression of service users from HSE services to DETE/FÁS services; (iv) To promote the development of crosscutting information and monitoring systems in relation to supported and sheltered services for the purposes of future service development.</td>
<td>The National Co-ordinating Committee, comprising DOHC, DETE, the HSE and FÁS, has worked to improve current services and to expand support services for people with disabilities in the areas of training, sheltered and supported employment. Part of this work has been the establishment of a joint FÁS/HSE approach to the development of ‘bridging initiatives’, which focus on supporting the effective transition from rehabilitative training to vocational training. A Joint Bridging Programme has been developed by HSE, FÁS and DSFA and plans are in place to implement the programme on a pilot basis. The evaluation of these pilots will inform the format, content and delivery of future bridging programmes. The HSE established a National Review Group (including representation from statutory and non-statutory stakeholders) to carry out a Strategic Review of HSE funded Adult Day Services with a view to reconfiguring adult day provision, to ensure compliance with the Disability Act 2005 and Equality Legislation. The National Review Group adopted a final draft report in May 2009 and submitted the completed report to the HSE National Disability Steering Group in June. It is currently being considered by the HSE Management Team. Among the key tasks of the Review were to advise on the reconfiguration and modernization of existing Adult Day Services to reflect the core principles of the Health Strategy – Access, Quality, Accountability and Person Centredness – that incorporates the following approach: best practice; good value for money; better outcomes for services users; in line with relevant legislation and national standards. This process aimed to produce a clear outline of a recommended service model/s that is reflective of the above principles. A comprehensive consultation process, a national census of HSE funded adult day services for people with disabilities and a significant piece of research, including an examination of national and international best practice, was undertaken by the Group. Interim findings indicated a</td>
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<td>need for a more integrated systems wide approach to service delivery. Arising from initial discussion between HSE and DOHC regarding the outcome of the Review, some priority issues have been identified for immediate action and a work plan has been agreed and commenced.</td>
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<td>15. HSE to put Access Officers to in place and an appropriate training programme for Access Officers will be developed and delivered to ensure consistency across the health system</td>
<td>Progress to date in achieving this objective has been slower than anticipated. It is envisaged that the HSE will by mid-2010 appoint the National Specialist in Accessibility, who will be responsible for developing an appropriate training course for Access Officers.</td>
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<td>16. HSE to build on current work in relation to Disability Awareness Training, with a view to putting in place a planned and co-ordinated approach across the health system</td>
<td>It is envisaged that the HSE will by mid-2010 appoint the National Specialist in Accessibility, who will be responsible for co-ordinating disability awareness training across the health system. This action is dependent on the National Specialist being in place.</td>
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<td>17. HSE to complete a review of its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act</td>
<td><strong>HSE procurement policies</strong>, procedures and practices including standard terms and conditions have been reviewed and updated. No issues of non-compliance with the Act were detected. All procurement policies and procedures are subject to continuing audit and review.</td>
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<td>18. The HSE will provide guidance and protocols to service areas on ensuring that all client communications are accessible. HSE to request that all services review their communications at local, regional and national level with a view to ensuring that, as far as practicable,</td>
<td><strong>See Action 7.</strong> Currently, to facilitate complainants’ understanding of the process, each complainant is telephoned as the complaint is received. Complainants are talked through the process giving them contact details and listening to their concerns regarding the assessment of need. The complainants are contacted, if required, during the complaints process and called when the report has been completed and before it is posted to talk them through the findings and recommendations. HSE Consumer Affairs hope to put together a multilingual complaints form/pack. The layout of this form is to be similar to that of the Disability Appeals form. This process has not yet commenced.</td>
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<td>the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities.</td>
<td>The HSE has compiled a register of health infrastructure which comprises almost 3,000 buildings. To date, a comprehensive audit on accessibility has not been completed. While there remains scope for improvement, the majority of acute hospitals in the country, by virtue of their function and the range of people using them, comply with the basic requirements of Part M (e.g. level access thresholds, wide corridors and door openings in public parts, accessible sanitary accommodation, etc.) A programme of investment in Community Nursing Units, Primary Care Centres and Mental Health facilities is systematically replacing many older buildings with new, accessible buildings.</td>
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<td>19. HSE will complete an audit of existing public buildings with regard to their accessibility to persons with disabilities in 2006, which will lead to an agreed and planned programme of remedial works, to be implemented over the period covered by the National Development Plan 2007 to 2013.</td>
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<td>20. DOHC to designate Access Officers in Statutory bodies which come under the aegis of the DOHC</td>
<td>The Department is currently considering monitoring arrangements to evaluate progress on this and other matters in bodies under the aegis of the Department.</td>
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<td>21. DOHC to commence audit of services to establish how integrated service provision is, and take appropriate measures to ensure that the services to the general public are accessible to people with disabilities where practicable and appropriate.</td>
<td>In January 2008, the Government announced the establishment of the Office for Disability and Mental Health (ODMH) to support the Minister for Disability &amp; Mental Health in exercising his responsibilities across four Government Departments: Health &amp; Children, Education &amp; Science, Enterprise, Trade &amp; Employment and Justice, Equality &amp; Law Reform. The new Office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. The Office aims to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focussing on the holistic needs of clients and service users and actively involving them in their own care. The Government's decision to establish the ODMH reflects its commitment to developing a more coherent and integrated response to the needs of people with disabilities and mental health issues. It recognises that...</td>
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<tr>
<td>clients and service users need to be at the centre of service delivery and that to effectively achieve this requires a cross-Departmental, cross-agency response. The designation of a Minister of State with responsibility for Disabilities and Mental Health and the establishment of an Office for Disability and Mental Health will facilitate cross-agency and cross-departmental working.</td>
<td>Consistent with the HSE’s transformation programme, work is continuing on redesigning primary care and specialist disability services in order to better integrate services and support the agenda of mainstreaming.</td>
</tr>
<tr>
<td>The HSE’s Corporate Plan 2008-2011 sets out a clear vision for the implementation of an integrated health and social care model that delivers a more integrated service for its patients and clients. The HSE has now adopted an initial set of changes to enable it to manage and deliver services in line with the integrated model. The main changes now taking place are:</td>
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<td>- An Integrated Services Directorate replaces the National Hospitals Office (NHO) and the Primary Care and Continuing Care (PCCC) Directorates. Four Regional Directors of Operations (RDOs) will be responsible for managing all services within the regions of Dublin North East, Dublin Mid Leinster, West and South.</td>
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<td>- Four Assistant National Directors (ANDs) will work within the Integrated Services Directorate and play a strong leadership and representative role for the Children and Families, Older People, Disabilities and Mental Health Care Groups.</td>
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</tr>
<tr>
<td>- A Quality and Clinical Care Directorate is driving improvements in patient care and reducing cost through the development and implementation of care pathways, protocols and standards.</td>
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</tr>
<tr>
<td>While regional operating units are being established they will work within national frameworks. The AND Disabilities, when appointed, will have responsibility for ensuring that the delivery of services is in line with legislation, the National Disability Strategy and policies agreed by Government. He/she will work closely with the 4 RDOs in that regard. Operating responsibility for delivering all health and social care services will reside with the Regional Director. In addition the Quality and Care Directorate will work to improve the quality and safety of services through the implementation of national standards and protocols for services.</td>
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<tr>
<td>22. DOHC to ensure that the goods or services that are supplied to them are accessible to people with disabilities unless it would not be practicable or justifiable on cost grounds to do so or would result in an unreasonable delay</td>
<td>The Department’s procurement policy has highlighted the Department’s obligations under the Act.</td>
</tr>
<tr>
<td>23. DOHC and HSE to undertake second annual review of Sectoral Plan</td>
<td>In light of the decisions taken by Government in <a href="#">Budget 2009</a>, it was decided that the Department would postpone conducting a formal second review on the basis that the review was expected to have identified specific targets in relation to the commencement of the Act in tandem with the EPSEN Act. The Department has commenced the statutory review of the Sectoral Plan (this Review) as provided for in section 31 of the Act with a view to completion in the last quarter of 2009. It is expected that the a further review of the Sectoral Plan will be undertaken as soon as possible following the publication of the VFM and Policy Review of Disability Services in the health sector.</td>
</tr>
</tbody>
</table>

([#](#))
1. The Policy Context

Background

**Government Policy on Mainstreaming**
The guiding principle of mainstreaming public services for people with disabilities was adopted by the Government in 2000. Mainstreaming places obligations on public service providers to support access to services and facilities for people with disabilities as well as other citizens, to the greatest practicable extent.

**National Disability Strategy**
The National Disability Strategy, launched in September 2004, supports and reinforces equal participation in society of people with disabilities. The Strategy comprises five elements:

1. Disability Act 2005;
2. Education for Persons with Special Educational Needs (EPSEN) Act 2004;
3. Sectoral Plans published in 2006 by six Government Departments;
5. A Multi-Annual Investment Programme for disability support services.

The National Disability Strategy followed a number of positive legislative and policy measures in prior years, which were designed to enhance the equality framework. While the guiding principle of mainstreaming public services for people with disabilities was adopted by the government in 2000, the Strategy, and the components contained therein, provided the legal basis for this policy.

**Disability Act 2005 – principal health-related features**
The Disability Act 2005 is one of the central elements of the National Disability Strategy. It sets down a range of statutory entitlements which are designed to underscore disabled people’s engagement with everyday life. The emphasis is very much on mainstreaming as much as is practicable.

Part 2 of the legislation makes provision for the introduction of very specific obligations on the health services, in the context of the Act’s provisions regarding a statutory entitlement to:

- an independent assessment of health and education needs {Section 8};
- a statement of services which it is proposed to provide {Section 11};
- an independent redress and complaints mechanism if required {Section 14};
- make an appeal to the independent Disability Appeals Officer {Section 18}.

Part 2 of the Disability Act 2005 commenced for children aged under 5 years with effect from 1 June 2007. By 31 July 2009, over 5,200 applications had been received for an Assessment of Need and over 2,700 had been completed. It is expected that over 2,600 applications will be received in 2009.
It had been intended to have the Disability Act and the EPSEN Act fully implemented during 2010 in respect of children between 5 and 18 years of age. This would have required significant additional investment in 2009 and 2010 to prepare the education and health sectors for the operation of the legislation and to support the statutory processes that would be required. In the light of the current financial circumstances, it has become necessary to defer further implementation of the two Acts.

Significant work was undertaken by the Department and the HSE in preparation for the commencement of the Disability Act in respect of children under 5 including:

- the development of Standards for the Assessment of Need process following wide consultation;
- the publication of Regulations and the Commencement Order;
- in each LHO area, the appointment of Assessment Officers, responsible for the co-ordination of the Assessment of Need and Liaison Officers / Case Managers responsible for the provision of Service Statements;
- the establishment of a complaints system within the HSE and the appointment of a permanent, independent Disability Appeals Officer.

Work is ongoing with the Department of Education and Science and the National Council for Special Education in relation to agreeing protocols for the referral by the HSE of children under 5 for educational assessment to the education sector as provided for in the Disability Act. This work was overseen by the Cross Sectoral Team, comprising senior officials from the Office for Disability and Mental Health, DoHC, HSE, DES and NCSE, who set up a protocols sub-group to advance this process. The sub-group has completed its deliberations and an interim protocol has been agreed.

Health Sectoral Plan

The Health Sectoral Plan is the first step in a complex process to establish a baseline for access to health services and for service delivery. The first Sectoral Plan, published in 2006, was developed through an extensive consultation process with all relevant stakeholders.

The Sectoral Plan set out the actions undertaken by the Department of Health and Children, the HSE and statutory bodies under the aegis of the Department to meet their obligations under the Disability Act 2005. It represents a commitment at all levels of the health service to access and equity of service for people with disabilities.

The development of the Sectoral Plan provided an important opportunity to ensure that the needs of people with disabilities are considered in all health policy planning and service delivery processes.

The Disability Act provides that a review of the Sectoral Plan would occur within three years of publication. A Year 1 Review of the Health Sectoral Plan was published in 2007, which both reviewed actions and identified new actions, including planning for the commencement of the Act for 5-18 year olds and adults. This included work with the HSE, the Department of Education and Science and the National Council for Education and Science and other relevant stakeholders.
This document constitutes the second health sectoral plan review and should be read in conjunction with both the Sectoral Plan (2006) and the Year 1 Review (2007).

Consultation

An extensive consultation process was undertaken by the Department of Health and Children in the preparation of its Sectoral Plan. To inform this second review of the Plan the Department consulted key stakeholders across the health sector and relevant Government Departments. Chapter 6 includes an overview of the consultation process and outlines the key messages emerging from it. The organisations and individuals who participated in the consultation process are listed at Appendix D. These include the National Disability Advisory Committee, the HSE and statutory agencies under the aegis of the Department of Health and Children.

Disability and Mental Health – “A Vision for Change”

The Disability Act 2005 provides that “disability”, in relation to a person, “means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.”

Policy for the development of mental health services is outlined in “A Vision for Change”, the Report of the Expert Group on Mental Health Policy, published in January 2006 and subsequently adopted as Government policy. A Vision for Change provides a framework for action to develop a modern high quality mental health service over a seven to ten year period. The aim is to migrate from the traditional institution based model to a patient-centred, flexible and community based mental health service where the need for hospital admission is greatly reduced, whilst still providing in-patient care when appropriate.

Implementation of the recommendations of A Vision for Change is primarily the responsibility of the HSE. In April 2009 the HSE adopted an implementation plan for the five year period from 2009-2013. The HSE has recently appointed a national lead for mental health to drive this implementation plan.

Following the launch of A Vision for Change, an independent Monitoring Group was established to monitor and assess progress by the HSE, government departments and other agencies in implementing the recommendations set out in the Report. The Monitoring Group’s third annual report was published in April 2009.

In view of the dedicated implementation, planning and monitoring structures which have been put in place under A Vision for Change (covering the period up to 2013), this Review does not duplicate progress reporting relating to mental health (other than complementary developments for which health sector disability services or other Government Departments may have direct responsibility).


The social partnership agreement Towards 2016 states that future policy in relation to
people with disabilities will be progressed through the National Disability Strategy with particular expression being provided through Sectoral Plans and other relevant mechanisms. Chapter 4 of the Health Sectoral Plan outlined the key issues to be addressed in relation to health services. The relevant commitments in Towards 2016 are reproduced in Appendix E. Progress reports on Towards 2016 are regularly posted on the website of the Department of the Taoiseach at http://www.taoiseach.gov.ie.

Programme for Government

The Agreed Programme for Government (2007) contained commitments including providing a right to an independent needs assessment for all people with disabilities; implementing service delivery standards, improving data and information gathering and increasing rehabilitation bed capacity.

The renewed Programme for Government (October 2009) contains a commitment to prioritise implementation of the National Disability Strategy together with a range of other commitments.

Programme for Government commitments relevant to the health sector are reproduced in Appendix E.

Progress reports on the Programme for Government are regularly posted on the website of the Department of the Taoiseach at http://www.taoiseach.gov.ie.

UN Convention on the Rights of Persons with Disabilities

The right of persons with disabilities to social security is affirmed in Article 28 of the UN Convention on the Rights of Persons with Disabilities, of which Ireland is a signatory. In particular, this Convention affirms that Government must take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

In addition, under Ireland’s equality legislation, people with disabilities, including persons disabled through mental health problems, have the right to avail of public services such as health services without discrimination on the basis of their disability.

Major recent developments – Establishment of Office for Disability and Mental Health

In January 2008, the Government announced the establishment of the Office for Disability and Mental Health to support the Minister for Equality, Disability & Mental Health in exercising his responsibilities across four Government Departments:

- Health and Children;
- Education and Science;
- Enterprise, Trade and Employment; and
- Justice, Equality and Law Reform.
The new Office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. The Office aims to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focussing on the holistic needs of clients and service users and actively involving them in their own care.

Eligibility for Services

New Eligibility Legislation
The Department of Health and Children continues to progress its work on a new legislative framework to provide for clear statutory provisions on eligibility and entitlement for health and personal social services. The emphasis in the new legislation will be on clarifying and updating eligibility provisions so that people will be clear about their entitlements. This approach will be to the advantage of people with a disability, as well as to all others.

Renewed Programme for Government (October 2009)
The Renewed Programme for Government (October 2009) includes a commitment “to improve income eligibility limits in the assessment for medical cards for children with intellectual disabilities.”

Major Reviews / Reports under way

A number of very significant strategy and policy reviews are under way in the health sector, including:
- Value for Money and Policy Review of Disability Services in the health sector;
- Adult Day Services Report;
- Congregated Settings Working Group Report;
- Rehabilitation Policy/Strategy.

The Renewed Programme for Government (October 2009) includes a commitment to publish a National Disability Strategy Recession Implementation Plan.

These reviews are likely to have significant implications for the Sectoral Plan, which will be reviewed on their publication.

Review of the operation of the Disability Act

The Department of Justice, Equality and Law Reform has commenced a review of the operation of the Disability Act 2005 as required under section 6 of the Act (to be completed within 5 years of the Act’s commencement i.e. by 2010). The health sector is being consulted and will input as appropriate.
Review of Progress on Policy since 2007


**Progress:** Since the commencement of Part 2 of the Disability Act 2005 for children under 5 on 1 June 2007, the Department of Health and Children and the HSE have established a monitoring group which meets formally on a regular basis to consider significant issues as they arise. The Department has also participated in a number of review workshops with the HSE, clinical personnel and other relevant officials to address particular issues. The Department and the HSE agreed a set of performance indicators relating to assessments which have been included in the HSE Service Plan and which are reported (on a quarterly basis) in the monthly HSE Performance Reports published on the HSE website at: [http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html](http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html).

**Action 2 (2007 Review):** DOHC to monitor the filling of the development posts for which the recruitment timeframes have been extended into 2008 by the HSE.

**Progress:** €9.8 million was allocated as part of the Multi Annual Investment Programme for 2008 to create 140 additional multidisciplinary team posts in 2008 to provide assessment and ongoing intervention services to children with a disability and in particular with reference to the implementation of the Disability Act 2005. The HSE informed the Department that the commencement of planned developments in disability services in 2008 had been delayed due to a financial review in the HSE. The process of recruiting the 140 posts approved during 2008 extended into 2009. By the end of June 2009, 131 of these posts had been filled and the process of filling the remaining posts is nearing completion.

An additional sum of €7.2 million was allocated in Budget 2009 for 90 new therapy posts for disability services. These posts have now been allocated to priority areas of need identified by the HSE, in particular to address gaps in existing services for children with disabilities. A recruitment process is well under way.

The Department is continuing to monitor the situation and working with the HSE to ensure that the development posts will be in place as early as possible.


**Progress:** The Cross-Sectoral Team continues to meet regularly to plan for the further commencement of Part 2 of the Disability Act 2005 in tandem with the commencement of the Education for Persons with Special Educational Needs (EPSEN) Act 2004. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act 2004.

The Renewed Programme for Government (October 2009) includes the following commitments, which will entail significant collaboration between the education and health sectors in the context of continuing to prepare for the commencement of the...
EPSEN Act and Part 2 of the Disability Act in respect of children aged 5-18:
- “We are committed to the implementation of the Education for People with Special Educational Needs (EPSEN) Act. To achieve this we will develop, in consultation with stakeholders, a costed multi-annual plan to implement some priority aspects of EPSEN focussing on measurable, practical progress in education and health services for children with special needs”.
- “The Government will immediately provide funding for 28 additional posts to bring the number of National Educational Psychological Service (NEPS) psychologists to 210. This means that every school in the country will have access to the National Educational Psychological Service. This will ensure that children with special needs will get an assessment which will trigger an automatic response to their special educational needs. The [health sector] will continue to develop therapy services for children with special needs attending mainstream schools”.

**Action 5 (2007 Review):** DES, DOHC, NCSE and the HSE to prepare for the statutory requirements of Part 2 to be extended to adults.

**Progress:** The Cross-Sectoral Team continues to meet regularly to plan for the extension of the statutory requirements of Part 2 of the Disability Act 2005 to adults. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act 2004.

In the context of continuing to plan for the commencement of Part 2 in respect of adults, the health sector intends to evaluate the feasibility of introducing consistent assessment of need process for residential, respite or day services for adults with disabilities which will be compatible with provisions of Part 2 of the Disability Act. Such assessment processes would build on the processes set out in existing policy documents e.g. ‘Capacity to respond to emergency needs for residential services’ in respect of emergency requirements for residential services and ‘New Directions’ in respect of day services for adults.

**Action 9 (2007 Review):** DOHC to arrange for the appointment of a permanent Appeals Officer.

**Progress:** Following a competition held by the Public Appointments Service a permanent Disability Appeals Officer (DAO) was appointed and took up office in August 2008.

An independent appeals process is in place for a complainant to appeal to the DAO against a recommendation of a complaints officer and/or non-implementation of the recommendation of complaints officer by the HSE or education provider.

Further information on the operation of the Office of the Disability Appeals Officer is available on its website [www.odao.ie](http://www.odao.ie).
**Action 23 (2007 Review):** DOHC and HSE to undertake second annual review of Sectoral Plan.

*Progress:* In light of the decisions taken by Government in [Budget 2009](#), it was decided that the Department would postpone conducting a formal second review on the basis that the review was expected to have identified specific targets in relation to the commencement of the Act in tandem with the EPSEN Act. The Department commenced the statutory review of the Sectoral Plan (this Review) as provided for in section 31 of the Act with a view to completion in the last quarter of 2009.

It is expected that the further review of the Sectoral Plan will be undertaken as soon as possible following the publication of the Value for Money and Policy Review of Disability Services in the health sector.
2. Service Provision

Overview of specialist disability services and supports currently provided by the HSE

Residential services are provided on a part or full time basis. Residential supports may be provided in residential centres, in shared houses in the community or in individual support arrangements which enable the person to live independently or with others.

Residential respite and overnight accommodation. Usually accommodation is dedicated specifically for the provision of respite services.

Respite support hours – intellectual disability, includes a range of supports including non centre-based respite, home support hours, holiday and summer camps, after school services, day respite.

Day Services include:

Day Care Programme
High support services primarily focused on providing a health care service to meet the specific needs of individuals.

Day Activation/Activity
A day programme which is essentially a support and therapeutic service designed to meet the needs of people through individual plans. The environment is designed to maximise the functional levels of service users. They provide a range of skills and activities such as independent living skills, personal development, education classes, social/recreational activities and health related and therapy supports. Day activation is essentially a programme that does not include work activity.

Active Community Participation/Inclusion
Programmes and supports specifically targeted towards the inclusion and active participation of service users in mainstream community programmes and activities. This includes participation in educational opportunities, sport and recreation involvement, social events, local partnership projects and advocacy initiatives.

A range of supports that promote and facilitate inclusion are provided to individuals and groups, such as accessing services, liaison, planning, co-ordinating and supporting attendance and active participation by service users.

Voluntary Work
Volunteers serve in a community for the benefit of others primarily because they choose to do so altruistically. A volunteer worker does not get paid or receive compensation for services rendered.

Rehabilitative Training
Rehabilitative Training programmes are designed to equip participants with the basic
personal, social and work related skills that will enable them to progress to greater levels of independence and integration in the community. These are approved programmes with Whole Time Equivalent (WTE) places allocated by the national Occupational Guidance Service Structure.

**Work and employment services include:**

**Open Employment (No Supports)**
This is employment in the open labour market without additional supports. In some instances a service user may be in open employment with no supports for part of their week, the service provider may have supported the individual to attain their job but have now withdrawn all employment.

**Supported Employment**
Supported Employment is paid employment in the open labour market with ongoing supports. The minimum wage applies and full employee status. Service users may be participating in the national FÁS funded Supported Employment Programme or in Service Provider Supported Employment Initiatives.

**Sheltered Employment**
Employment in an enterprise established specifically for the employment of people with disabilities and which is in receipt of designated funding from the HSE. It refers to employment under sheltered conditions where workers have a contract of employment and are in receipt of the minimum wage.

**Assisted Living /Personal Assistant Service** for people with physical and sensory disabilities includes a range of personal supports for people with physical and/or sensory disability. This includes Personal Assistants, home support, assisted living support, and home help.

**Information advocacy and support services** are often provided by agencies or services with expertise in particular conditions.

**Medical and clinical therapies.** Specialist services for persons with disability which may be provided to individual services or in community settings. Specific services may be provided to particular age groups i.e. early intervention, school going children etc.

**HSE Corporate Plan 2008-2011, Annual HSE National Service Plans, HSE Performance Reports**

The **HSE Corporate Plan 2008-2011**, developed in consultation with the Department of Health and Children, sets out the HSE’s overall strategic direction for the three year period from 2008-2011. One of the key challenges prioritised in the Plan is supporting people with disabilities to achieve their full potential, including living as independently as possible.

In addition to its strategic Corporate Plan, the HSE produces **National Service Plans** on an annual basis. These describe the outputs and deliverables for each year across all
the key service areas including services for people with disabilities.

Performance activity is subsequently reported in detail in the quarterly returns that the HSE makes to the Department of Health and Children.

The Corporate Plan and Service Plans are available on the HSE website at http://www.hse.ie.

Standards for Residential Services for People with Disabilities

A “Guidance Document on Residential Services for Young People with Disabilities” was completed in November 2007. Information sessions were provided for managers of all residential services for young people with disabilities.

In accordance with the Ryan Commission Implementation Plan, the Department of Health and Children is to commence the Health Act 2007 to allow the independent registration and inspection of all residential centres and respite services for children with a disability by December 2010.

A guidance document relating to the quality requirements of residential services for adults with disabilities “Guidance Document on Residential Services for People with Disabilities” was completed by the HSE in 2008. Plans to implement this Guidance Document in early 2009 were superseded by the launch of the HIQA “National Quality Standards – Residential Services for People with Disabilities”, and the decision to implement these standards on a non statutory basis. This will involve HSE working with all service providers (statutory and non statutory) to implement the quality standards and monitor compliance.

Existing Arrangements for Implementation of Part 2

The Disability Act 2005 is a central element of the National Disability Strategy. The Act is a positive measure designed to advance and underpin participation by people with disabilities in everyday life. Part 2 provides for the identification and delivery of individual health, education and personal social services for people with disabilities who meet the relevant eligibility criteria set out in the Act.

Part 2 of the Disability Act was commenced on 1 June 2007 for children aged under 5. This gives children with disabilities an entitlement to an independent assessment of health and education needs and a service statement identifying the services to be delivered. A system of complaints and appeals has also been established.

The implementation of the Act represented a considerable change in the approach to delivering assessment and intervention services for the HSE. Challenges for staff working in the area include making determinations of disability on young children and providing comprehensive Assessments of Need within the specific timeframes required by the legislation and regulations.

A continuous review process for delivering assessments of need and service statements has been established to ensure compliance with the timelines contained in the legislation and also to ensure appropriate balance is maintained in respect of resources allocated to assessments and interventions.

Significant work was undertaken by the Department and the HSE for the commencement of the Disability Act in respect of children under 5 since 1 June 2007 including:

- the development of Standards for the Assessment of Need process following wide consultation;
- the publication of Regulations and the Commencement Order;
- in each LHO area, the appointment of Assessment Officers, responsible for the co-ordination of the Assessment of Need and Liaison Officers / Case Managers responsible for the provision of Service Statements;
- the establishment of a complaints system within the HSE and the appointment of a permanent, independent Disability Appeals Officer.

Standards

The Disability Act 2005 provides that assessments of need will be carried out in accordance with standards to be developed by a body prescribed by the Minister for Health and Children (Section 10). This body is the Health Information and Quality Authority (HIQA), which was established in May 2007.

Pending the establishment of the Health Information and Quality Authority, the Cross-Sectoral Team, comprising senior officials from the Office for Disability and Mental
Health, DoHC, HSE, DES and NCSE, established a sub-group to prepare Standards for the Assessment of Need. The Standards for the Assessment of Need Sub-Group had representation from the DOHC, the HSE, DES, the National Educational Psychological Service, NCSE, Mental Health Commission, NDA and the Interim Health Information and Quality Authority.

Part of the process of developing these standards involved extensive consultation, which culminated in two facilitated consultations days, which took place in February 2007. Together with written submissions, the outcomes of these two days were compiled to form a composite report, which the Standards Sub-Group used to inform the final document. The Standards were signed off by the Cross-Sectoral Team and formally adopted by HIQA and published in May 2007.

The Health Service Executive will monitor adherence with HIQA standards in respect of Assessments of Need under the Disability Act.

**Regulations and Commencement Order**

The Minister for Health and Children signed the Disability Act (Commencement) Order 2007 (SI 234/2007) on the 18 May 2007. This Order fixed 1 June 2007 as the date on which the provisions of Part 2 of the Act came into effect for children under 5. This partial commencement of the Act, which was provided for under section 1(3), recognised the significant changes which had to be implemented in the HSE in order to give effect to the Act and clearly recognised that the process of implementing the Act for all age cohorts could only be done on an incremental basis.

The Minister for Health and Children signed the Disability (Assessment of Needs, Service Statements and Redress) Regulations 2007 (SI 263/2007) on 1 June 2007. These regulations made various provisions to enable Part 2 of the Disability Act 2005 to have full effect. In particular, the regulations provide for various procedures and timescales for the making of applications for assessment of needs and the preparation of service statements. In addition, they establish certain procedures for the complaints and appeals system.

**Further Implementation of the Disability Act 2005**

It had been intended to have the Disability Act 2005 and the Education for Persons with Special Educational Needs Act 2004 fully implemented during 2010 in respect of children between 5 and 18 years of age. This would have required significant additional investment in 2009 and 2010 to prepare the education and health sectors for the operation of the legislation and to support the statutory processes that would be required. In the light of the current financial circumstances, it has become necessary to defer further implementation of the two Acts.

**Multi-disciplinary posts**

Update on Multi Disciplinary Disability Posts 2008

€9.8 million was allocated in 2008 as part of the multi-annual investment programme to
create 140 additional multidisciplinary team posts to provide assessment and ongoing intervention services to children with a disability and in particular with reference to the implementation of the Disability Act 2005.

The commencement of planned developments in disability services in 2008 was delayed due to a financial review in the HSE and the process of recruiting posts approved during 2008 extended into 2009. By the end of June 2009, 131 of these posts had been filled and the process of filling the remaining posts is nearing completion.

The breakdown of these posts is as follows:

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Allocated</th>
<th>Filled</th>
<th>Unfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>28.85</td>
<td>24.85</td>
<td>4</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>17.85</td>
<td>17.85</td>
<td>0</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>32.05</td>
<td>30.05</td>
<td>2</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>32.50</td>
<td>31.50</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>10.62</td>
<td>8.62</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>140.87</td>
<td>131.87</td>
<td>9</td>
</tr>
</tbody>
</table>

Every effort is being made to fill the remaining 9 posts. A national competition for both senior and basic grade psychology posts is currently under way. It is envisaged that the 4 remaining psychology posts will be filled from this panel. The remaining occupational therapy and speech and language therapy posts will be filled in conjunction with the filling of the 2009 posts.

**Update on Multi Disciplinary Disability Posts 2009**
An additional sum of €7.2 million was allocated in Budget 2009 for 90 new therapy posts for disability services. These posts have now been allocated to priority areas of need identified by the Health Service Executive and the services to be provided from this funding include speech and language therapy, occupational therapy, physiotherapy and psychology. The additional services will be targeted at children with disabilities aged 5-12 years in order to address gaps in existing services.

The breakdown of these posts is as follows:

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>West</th>
<th>South</th>
<th>DML</th>
<th>DNE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>4.50</td>
<td>3.10</td>
<td>5.50</td>
<td>2.00</td>
<td>15.10</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>4.00</td>
<td>3.35</td>
<td>2.00</td>
<td>3.00</td>
<td>12.35</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>6.00</td>
<td>9.10</td>
<td>9.50</td>
<td>6.00</td>
<td>30.60</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>5.00</td>
<td>6.05</td>
<td>9.00</td>
<td>7.00</td>
<td>27.05</td>
</tr>
<tr>
<td>Other</td>
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<td>1.40</td>
<td>0</td>
<td>2.00</td>
<td>4.90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21.00</td>
<td>23.00</td>
<td>26.00</td>
<td>20.00</td>
<td>90.00</td>
</tr>
</tbody>
</table>

Over 2/3 of these positions will be at Basic Grade which, along with achieving greater cost effectiveness, will also provide opportunities for new graduates in professions.
where there has been an increased investment in education in recent years. Projected expenditure in 2009 of this funding is €3.6m i.e. 50% with full year cost expenditure in 2010 of €7.2m.

The majority of these posts are in the HSE and a coordinated recruitment process by the HSE is currently being put in place to expedite the process of filling these positions. Many of the positions will be filled from existing panels. The remaining positions have been advertised with the aim of all positions being filled before the end of 2009.

The Assessment System

Assessment Officers are direct employees of the HSE but are independent in function. All assessments are carried out without regard to resources and without regard to the ability or otherwise of providing any services to meet the needs which are identified.

When an application for an assessment has been received (under section 9) assessment officers will commence such an assessment. In the majority of cases, the assessment officer will arrange with others for the carrying out of assessments. This may be with early intervention or children’s service teams, individual clinicians working in non-statutory agencies etc.

In practice, clinicians who carry out an assessment provide a detailed assessment in relation to their discipline and a summary assessment. The assessment officer compiles a report outlining the results of the assessment (“an assessment report”). The assessment report contains a determination as to whether the applicant has a disability and, in the case that the determination is that the applicant has a disability, statements of the nature of the disability, the extent of the disability, the health and education needs identified, if any, and a statement of those services which are considered appropriate to meet the needs of the applicant including the timeframes within which it would be ideal to provide these services. In addition, the assessment report must contain a statement of the period within which a review of the assessment should be carried out. (The Minister for Health and Children provided by regulations in SI 263/2007 that this review period shall be no later than 12 months from the date an assessment report is issued in the case of children under 5.)

From the date of commencement, a parent, guardian, legal representative (or personal advocate assigned by the Citizens Information Board, when this function is commenced) who feels that their child aged under 5 may have a disability can apply for an assessment.

The application is made on a form designed specifically for this purpose. It should also be noted that an information campaign was run by the HSE to publicise the procedures of the Act. Information is available from local health offices, health clinics, the HSE website, doctor’s surgeries, pharmacies, public health nurses etc. and the NDA distributed a leaflet to every house in the country outlining the entitlements under the Act. An application may also be made by an employee of the HSE.

The assessment of needs system has now been up and running for over two years. By the end of June 2009, over 5000 applications for assessments of need under the Act
had been received and over 2500 had been completed. Currently, approximately 85% of completed applications are commenced within the three months specified in the Act. At that date, 754 applications for assessment were overdue for completion.

The following tables provide comprehensive activity data in the assessment system under Part 2 of the Disability Act 2005 since commencement:

Table 1: Complete Applications Received

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
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<td>64</td>
<td>36</td>
<td>58</td>
<td>390</td>
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</tr>
<tr>
<td>DNE</td>
<td>233</td>
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<td>47</td>
<td>48</td>
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<tr>
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<td>78</td>
<td>73</td>
<td>76</td>
<td>81</td>
<td>70</td>
<td>73</td>
<td>451</td>
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<td>54</td>
<td>51</td>
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<td>Total</td>
<td>1133</td>
<td>2546</td>
<td>262</td>
<td>250</td>
<td>246</td>
<td>221</td>
<td>210</td>
<td>211</td>
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</table>

Table 2: Applications that commenced Stage 2

<table>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>581</td>
<td>55</td>
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<td>38</td>
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<td>1015</td>
</tr>
<tr>
<td>DNE</td>
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<td>30</td>
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<td>16</td>
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<tr>
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<td>45</td>
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<td>69</td>
<td>64</td>
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<tr>
<td>WEST</td>
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<td>1001</td>
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<td>Total</td>
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<td>194</td>
<td>140</td>
<td>210</td>
<td>207</td>
<td>197</td>
<td>1155</td>
<td>4016</td>
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</table>

Table 3: Overdue to start Stage 2

<table>
<thead>
<tr>
<th>HSE Area</th>
<th>Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin/Mid Leinster</td>
<td>53</td>
</tr>
<tr>
<td>Dublin/North East</td>
<td>38</td>
</tr>
<tr>
<td>South</td>
<td>4</td>
</tr>
<tr>
<td>West</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
</tr>
</tbody>
</table>

The overdue dates are compared against the ‘milestone start Stage 2 date’ recorded on the database.
### Table 4: Assessment Reports Completed

<table>
<thead>
<tr>
<th></th>
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<td>24</td>
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<td>27</td>
<td>175</td>
<td>525</td>
</tr>
<tr>
<td>DNE</td>
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<td>275</td>
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<td>24</td>
<td>34</td>
<td>29</td>
<td>33</td>
<td>28</td>
<td>186</td>
<td>477</td>
</tr>
<tr>
<td>SOUTH</td>
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<td>51</td>
<td>61</td>
<td>41</td>
<td>314</td>
<td>869</td>
</tr>
<tr>
<td>WEST</td>
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<td>37</td>
<td>48</td>
<td>45</td>
<td>56</td>
<td>266</td>
<td>694</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
<td><strong>1555</strong></td>
<td><strong>159</strong></td>
<td><strong>150</strong></td>
<td><strong>162</strong></td>
<td><strong>152</strong></td>
<td><strong>166</strong></td>
<td><strong>152</strong></td>
<td><strong>941</strong></td>
<td><strong>2565</strong></td>
</tr>
</tbody>
</table>

### Table 5: Applications overdue for completion

<table>
<thead>
<tr>
<th>HSE Area</th>
<th>Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin/Mid Leinster</td>
<td>310</td>
</tr>
<tr>
<td>Dublin/North East</td>
<td>152</td>
</tr>
<tr>
<td>South</td>
<td>214</td>
</tr>
<tr>
<td>West</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>754</strong></td>
</tr>
</tbody>
</table>

The overdue dates are compared against the ‘milestone complete assessment date’ on the database.

### Table 6: Applications that commenced Review

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DML</td>
<td>17</td>
<td>7</td>
<td>10</td>
<td>23</td>
<td>2</td>
<td>15</td>
<td>5</td>
<td>62</td>
<td>79</td>
</tr>
<tr>
<td>DNE</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>9</td>
<td>7</td>
<td>13</td>
<td>51</td>
<td>63</td>
</tr>
<tr>
<td>SOUTH</td>
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<td>4</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>32</td>
<td>45</td>
</tr>
<tr>
<td>WEST</td>
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<td>6</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
<td><strong>33</strong></td>
<td><strong>34</strong></td>
<td><strong>36</strong></td>
<td><strong>19</strong></td>
<td><strong>26</strong></td>
<td><strong>22</strong></td>
<td><strong>170</strong></td>
<td><strong>214</strong></td>
</tr>
</tbody>
</table>

**N.B.** As all assessments for children under 5 are required to be reviewed within 12 months, 616 applications should have commenced review by 30 June 2009.

### Table 7: Reviewed Reports to Liaison Officer

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>DML</td>
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<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>DNE</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>11</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>SOUTH</td>
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<td>1</td>
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<td>1</td>
<td>0</td>
<td>4</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>WEST</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>5</strong></td>
<td><strong>9</strong></td>
<td><strong>18</strong></td>
<td><strong>6</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
<td><strong>62</strong></td>
<td><strong>71</strong></td>
</tr>
</tbody>
</table>

This stage was introduced in May 2009 and therefore all historical data may not be entered.

**Service Statements**

The HSE has created thirty two (32) Liaison Officer posts, one in each Local Health Office (LHO). They are referred to as Case Managers within the HSE.
The HSE recruited Case Managers and designated them as Liaison Officers under the Act. It was originally envisaged that, while the Case managers would initially be solely involved as Liaison Officers, they would, in time, take on a generic case load and become associated with Primary Care Teams and Primary and Social Care Networks as these were progressively established.

The Liaison Officer is responsible for the preparation of a Service Statement particular to the individual following the independent assessment of need process. This is written in consultation with the relevant service providers. The Statement details the services to be provided and a timeframe for their delivery. The service statement takes account of the assessment report, resource availability, eligibility considerations and the practicability of providing service(s). The Service Statement must be completed within one month of receipt of the Assessment Report.

Under section 11(6) of the Act, Service Statements do not contain reference to education services where the subject of the statement is a child. Since the implementation of the EPSEN Act has been deferred, the Disability Act will increasingly be applied to children in school who applied for an assessment when they were under 5 years of age and who continue to be entitled to a review of the Assessment Report at least annually. Such reviews will contain a review of the education needs of the child but no statement of the services to be provided will be issued under the Act or EPSEN.

When a service statement has been completed, the full assessment report and the service statement are given to the applicant and to the HSE.

The Liaison Officer may make changes to a service statement when changes in circumstances occur. For example, a service statement may be changed when resources become available etc. Such amendments are allowed for under section 11(9) of the Act.

Performance and Management Reports:
The Department and the HSE agreed a set of performance indicators relating to assessments which have been included in the HSE Service Plan and which are reported on a quarterly basis. These reports help to inform the Disability Services section of the Performance Reports submitted to the Department on a monthly basis. The need for additional or amended performance indicators is kept under ongoing review.

In addition, the HSE produces monthly management reports to assist it in its task of monitoring compliance with the Disability Act; in particular, the statutory time-frames. These are also submitted to the Department. HSE will continue to monitor adherence to statutory deadlines in relation to assessments of need, service statements and reviews in respect of Part 2 of the Disability Act 2005 and take remedial action where necessary. HSE will monitor and support the implementation of the Assessment Officer Process and Practice Guidelines in relation to:
A. The content of the Assessment Reports.
B. Minimising essential administration.
C. Learning from examples of efficient and effective working
Complaints and Appeals System

Complaints System
Sections 14 and 15 of the Act provide for the establishment of a formal complaints system in relation to the Disability Act.

A formal complaints system, based in the Consumer Affairs Directorate of the HSE, was established in June 2007. Dedicated Complaints Officers are in place to deal with complaints made under the Act.

Protocols were developed to guide HSE staff when handling both complaints and appeals brought under the redress system specified in the Act. These protocols were developed in consultation with the HSE’s Consumer Affairs Division and the Office of the Disability Appeals Officer.

Regular meetings between the HSE and the Consumer Affairs Division have been established to review the operation of the redress system as it concerns complaints.

Appeals System
Sections 16 to 23 and the Schedule of the Act provide for an independent appeals system which allows a person to appeal against a finding or recommendation under section 15(8) of the Act or against the non-implementation by the HSE or the head of an education service provider of a recommendation of a complaints officer.

An interim Appeals Officer who was in place from 1 June 2007 was appointed by the Minister for Health and Children. A permanent Disability Appeals Officer took up post in August 2008 following an open competition run by the Public Appointments Service.

The first and second annual reports of the Disability Appeals Officer were laid before both Houses of the Oireachtas as required. On the occasion of the first report, no appeals had been determined by the Appeals Officer. The second report was published in July 2008.

Further information on the operation of the Office of the Disability Appeals Officer is available on its website www.odao.ie.

Review of Progress on Implementation of Part 2 since 2007

Complaints structures

Action 6 (2007 Review): HSE to put in place the administrative structures necessary for the processing of complaints under Part 2 within the new statutory complaints framework.

Progress: Temporary Complaints Officers were appointed in January 2008, and permanent Complaints Officers were appointed in October 2008. The HSE has established a complaints procedure for complaints received under Part 2 of the
Disability Act 2005. Complaints Officers deal with all complaints under Part 2 of the Act, either through informal resolution or through formal investigation. Complaints Officers then make a determination on the complaint and prepare a report.

In the first year of implementation, from 1 June 2007, 64 complaints were received. 203 complaints were received in the second year.

Co-operation with the education system
Details relating to the establishment of a Cross-Sectoral Team to coordinate the work of both the health and education sectors in relation to the implementation of the Disability Act and the EPSEN Act are set out in Chapter 5.

Management of the Disability Act Implementation – e.g. HSE structures

Background
A key feature of the Disability Act 2005 is that one single, nationwide assessment system has been established (although at the moment, only in relation to children under 5 at the date of application.)

To ensure that assessments are conducted in a consistent manner and to provide training and guidance to those involved in the process and to assist in interpretation on the Act, the Minister for Health and Children included in the Disability (Assessment of Needs, Service Statements and Redress) Regulations 2007 (SI 263/2007) a provision that a standardised approach is taken with regard to the training of assessment officers (or those carrying out an assessment on their behalf), particularly in relation to the interpretation of legal definitions in the Act of 2005.

Training, guidance and assistance
National Reference Groups were established for both Assessment Officers and Liaison Officers. These groups were established to provide advice to the National Project Team for the Implementation of the Disability Act in respect of issues pertaining to their respective roles and functions. Both groups produced Process and Practice Guidelines to guide post holders and help achieve greater consistency of process and practice across the system.

The Assessment Process Working Group, comprising clinicians and managers from both the HSE and voluntary sector providers, together with representatives of the Department, the NDA, the NCSE and NEPS, commenced work in 2008 on producing guidance for those requested to carry out assessments under the Act. This guidance, which is being rolled out in the second half of 2009, is aimed at assisting assessors to gauge the appropriate scope and depth of assessment required. It also provides advice on the interpretation of the terms used in the definition of disability contained in the Act.

Challenges for the future
It is not clear at this time what implications arise from the decision made to defer the further implementation of the Disability Act and the EPSEN Act but it is obvious that a number of issues arise. For example, the Act provides that an assessment report
contains a statement as to when the assessment would be reviewed. In respect of the current implementation of the Act, this period is a maximum of one year. An increasing number of children, who presented for an assessment before they were five, are therefore within the remit of the Act although they are older than five. The number of children covered by the Act continues to increase and eventually every person whose disability was apparent before the age of five and who applied for an assessment of need will be covered by the Disability Act.

In addition, the statistical material which is now collected in relation to compliance with timelines (see above) has identified particular problems with compliance. It is acknowledged that this has now become a significant issue.

**Early Intervention Services**

Work has commenced on the preparation of standards for Early Intervention Services. The process involved working with frontline staff and managers on a multidisciplinary and multi-agency basis.

Work has been ongoing on the development of Early Intervention services. Between 2005 and 2008, a total of 389 additional multi-disciplinary posts were commenced in the HSE and voluntary service providers. The majority of these posts were focussed on Early Intervention Services.

Progress has been made in the co-ordination of new and existing Early Intervention Services in a number of LHOs.

**Implementation in respect of children 5-18 years of age**

In March 2008 a National Reference Group on Multi-disciplinary Services for 5-18 year olds was established. This group comprised clinicians from the statutory and non-statutory sectors and aimed to identify the optimal approach to the delivery of services for this age cohort. A draft report was issued in July 2009. This report will be finalised in the fourth quarter of 2009 and a plan for its implementation will be drawn up.

In May 2008, a project was established to investigate waiting lists in the area of Speech and Language Therapy Services. The project identified a minimum dataset describing Speech and Language Therapy activity across all care groups in respect of all service providers. The project aims to review waiting times for both assessment and intervention with a view to ensuring the best use of resources to meet identified need.

HSE intends to prepare and progress an implementation plan for multi-disciplinary services to children with disabilities to include:

- reconfiguration of existing and additional multi-disciplinary supports to school aged children with disabilities;
- similar reconfiguration of early intervention services for children with disabilities in LHOs where this has not already been completed;
- finalizing and implementing standards and performance indicators for early intervention services;
- finalizing self audit tool for early intervention services to monitor compliance to standards;
- adoption of early intervention standards and self audit tool as appropriate for services to school aged children with disabilities.
Cross sectoral co-operation on implementation of Part 2

The HSE has worked closely with the NCSE and NEPS in order to ensure the maximum possible integration between the health and education sectors in respect of referrals made to the NCSE under section 8(3) of the Act. In particular, a localised system of referral was launched in September 2009 and a monitoring system established between the three bodies to ensure that issues arising at local level are dealt with consistently and also to identify and propagate good practice.

Implementation of Part 2 of Disability Act 2005

An interim IT system is being continually developed in order to assist the collection of the data required to allow the HSE to meet its obligations under the Act. The legislation requires the HSE to maintain records for the purpose of planning the provision of assessments and services and to identify:

- persons for whom assessments or services are being provided;
- the services provided and by whom;
- the needs identified and not included in Service Statements;
- the number of applications for assessment made and completed;
- the number of persons (including age and category of disability) not receiving services identified in Assessment Reports.

Value for Money and Policy Review

The Value for Money and Policy Review of disability services in the health sector, currently underway, will include a review of the information requirements for health and personal social services for people with a disability.

In the context of the difficult economic circumstances facing Ireland, the challenge for the Department and the health services now is to use available resources to best effect in the period ahead. The Office for Disability and Mental Health will be actively working to improve coordination and cooperation between relevant Departments and agencies and to continue to achieve as much progress and service development as possible in the more constrained resource environment that now applies.

Exchanging Information

The Liaison Officer may, with consent, share the information contained in an assessment report with other public bodies if it assists the applicant in accessing services from that other public body. In general, due to the age of children being assessed, this provision of the Act is not being used to a great extent by the HSE. However, the Department and the HSE are aware that information contained in assessment reports is being used by applicants to access services provided by other bodies. This has been causing particular difficulties in circumstances where other bodies require particular information that is not an obligation under the Act and, in any case, which may not be age appropriate for the child. For example, certain services require a formal diagnosis and the assessment report does not necessarily contain a diagnosis of the child.
2007 Review
Further actions were identified, including planning for the commencement of the Act for 5-18 year olds and adults. This includes work with the HSE, the Department of Education and Science and the National Council for Special Education and other relevant stakeholders.

HSE intends to work with education providers at national and local level with a view to agreeing protocols for the integrated delivery of health and education services to school aged children with disabilities based on the findings in the report of the reference group on ‘Multi-disciplinary supports for children with disabilities aged 5-18.

Annual Reports under Section 13

Progress: The first annual report under section 13, covering information on 72 assessments completed in 2007, was submitted to the Minister for Equality, Disability and Mental Health in February 2009. The second annual report is currently being finalised by the HSE and it will then be submitted to the Minister.

A number of issues, particularly in relation to how record keeping arrangements work for young children, have become apparent since the HSE began preparing for the submission of the Report. In the case of young children, a particular challenge for clinicians assessing such young children is in determining, in advance, what quantum of services may be appropriate and necessary for the child in order to fully meet the needs identified in the Assessment Report and then reflecting the shortfall in an identification of unmet need.

A particular difficulty for HSE arises because the obligation is to report on aggregate need. In the case of any individual child, every clinician involved in the assessment process and service delivery could be asked to try and work out the exact requirements for that child. This process is very time-consuming and not necessarily particularly scientific as individual children can and do react differently to intervention. If this process was extended to every child, clearly this would be overly bureaucratic and unnecessarily burdensome on the administration of the Act.

More complete details of the difficulties associated with this process will be included in the section 13 report for 2008, currently being compiled by the HSE.

Other Developments
The Health Service Executive has advised the Department of Health and Children that it intends:

- to complete a review of current health related services to children and adults with autism;
- to agree and implement new consultative fora at local, regional and national level to support partnership working in respect of disability services between HSE, non statutory providers and user representative groups;
to complete the roll-out of new Service Arrangement documentation with non statutory service providers to support the commissioning of services from non statutory services in line with best practice, the development and implementation of appropriate mechanisms for monitoring performance in the delivery of services specified in the service arrangements and incremental improvements in identifying and securing better value for money.
4. Implementation of Parts 3 and 5 of the Disability Act 2005 in the Health Sector

Part 3 - Access to Buildings, Services and Information

Part 3 of the Disability Act 2005 outlines the statutory obligations on public bodies to address issues of access to information, buildings and services by persons with disabilities. Public bodies are obliged to meet a variety of requirements in this regard and these are set out in detail in sections 24-40 of the Act. They include:

- having procedures in place to ensure that their public buildings are, as far as practicable, accessible to persons with disabilities;
- appointing an Access Officer;
- having procedures in place to ensure that goods and services provided to their agency are accessible to persons with disabilities;
- having procedures in place to communicate as appropriate with persons with disabilities and to assist persons with disabilities access information about their services;
- having a complaints procedure in place to allow persons to make a complaint in writing to the head of their agency in relation to its failure to comply with section(s) 25, 26, 27, 28 or 29 of the Disability Act;
- appointing an Inquiry Officer.

Department of Health and Children

In relation to accessing services and information and in accordance with the National Disability Authority “Code of Practice on Accessibility of Public Services and Information provided by Public Bodies” the Department of Health and Children where practicable and appropriate:

- includes the offer to accommodate special needs in all invitations to meetings;
- ensures that private consultations or meetings with people with disabilities are not held in the hall or foyer;
- ensures the provision of interpreter services, where required, at meetings, conferences and consultation processes hosted by the Department;
- provides on request reports and other relevant information in the appropriate accessible format including large print, Braille, audio tape electronic format etc in a reasonable time;
- ensures that reports are written in plain language. Where a report would have a special interest for people with learning disabilities, it should be provided in an easy to understand version, and
- ensures that a requirement for accessibility is included in the tendering process.

Under section 26(2) of the Disability Act 2005 each public body is required to ‘authorise’ at least one staff member to act as an ‘access officer’ to provide or arrange for and co-ordinate the provision of assistance and guidance to persons with disabilities in accessing its services. Full contact details for the Department’s Access Officer are
available on the Department’s website: http://www.dohc.ie/about_us/contact/#access. Under the Act, an individual can make a complaint to the head of the body on failures to comply with sections 26, 27 and 28 of the Act. In the Department the role of authorised “inquiry officer” to investigate complaints and prepare reports is performed by the Customer Services complaints function.

**Action 21 (2007 Review):** DOHC to commence audit of services to establish how integrated service provision is, and take appropriate measures to ensure that the services to the general public are accessible to people with disabilities where practicable and appropriate.

**Progress:** In January 2008, the Government announced the establishment of the Office for Disability and Mental Health (ODMH) to support the Minister for Disability & Mental Health in exercising his responsibilities across four Government Departments: Health & Children, Education & Science, Enterprise, Trade & Employment and Justice, Equality & Law Reform.

The new Office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. The Office aims to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focussing on the holistic needs of clients and service users and actively involving them in their own care.

The Government's decision to establish the ODMH reflects its commitment to developing a more coherent and integrated response to the needs of people with disabilities and mental health issues. It recognises that clients and service users need to be at the centre of service delivery and that to effectively achieve this requires a cross-Departmental, cross-agency response. The designation of a Minister of State with responsibility for Disabilities and Mental Health and the establishment of an Office for Disability and Mental Health will facilitate cross-agency and cross-departmental working.

Consistent with the HSE’s transformation programme, work is continuing on redesigning primary care and specialist disability services in order to better integrate services and support the agenda of mainstreaming.

The HSE's Corporate Plan 2008-2011 sets out a clear vision for the implementation of an integrated health and social care model that delivers a more integrated service for its patients and clients. The HSE has now adopted an initial set of changes to enable it to manage and deliver services in line with the integrated model.

The main changes now taking place are:

- An Integrated Services Directorate replaces the National Hospitals Office (NHO) and the Primary Care and Continuing Care (PCCC) Directorates. Four Regional Directors of Operations (RDOs) will be responsible for managing all services within the regions of Dublin North East, Dublin Mid Leinster, West and South.
- Four Assistant National Directors (ANDs) will work within the Integrated Services Directorate and play a strong leadership and representative role for the Children and Families, Older People, Disabilities and Mental Health Care Groups.
• A Quality and Clinical Care Directorate is driving improvements in patient care and reducing cost through the development and implementation of care pathways, protocols and standards.

• While regional operating units are being established they will work within national frameworks. The AND Disabilities, when appointed, will have responsibility for ensuring that the delivery of services is in line with legislation, the National Disability Strategy and policies agreed by Government. He/she will work closely with the 4 RDOs in that regard. Operating responsibility for delivering all health and social care services will reside with the Regional Director. In addition the Quality and Care Directorate will work to improve the quality and safety of services through the implementation of national standards and protocols for services.

**Action 22 (2007 Review):** DOHC to ensure that the goods or services that are supplied to them are accessible to people with disabilities unless it would not be practicable or justifiable on cost grounds to do so or would result in an unreasonable delay.

**Progress:** The Department’s procurement policy has highlighted the Department’s obligations under the Act.

**Health Service Executive**

**Action 7 (2007 Review):** HSE to develop guidelines for improving the accessibility of health services for people with disabilities in Ireland.

**Progress:** Progress to date in achieving this objective has been slower than anticipated. It is envisaged that the HSE will by mid-2010 appoint a National Specialist in Accessibility, whose role will include all accessibility issues across the HSE. This will include developing guidelines for ensuring the accessibility of mainstream health services for people with disabilities in Ireland, and ensuring that Access Officers are in place and disability awareness training programmes are developed and available for employees as necessary.

**Action 15 (2007 Review):** HSE to put Access Officers in place and an appropriate training programme for Access Officers will be developed and delivered to ensure consistency across the health system.

**Progress:** Progress to date in achieving this objective has been slower than anticipated. It is envisaged that the HSE will by mid-2010 appoint the National Specialist in Accessibility, who will be responsible for developing an appropriate training course for Access Officers.

**Action 16 (2007 Review):** HSE to build on current work in relation to Disability Awareness Training, with a view to putting in place a planned and co-ordinated approach across the health system.

**Progress:** It is envisaged that the HSE by mid-2010 will appoint the National Specialist
in Accessibility, who will be responsible for co-ordinating disability awareness training across the health system. This action is dependent on the National Specialist being in place.

**Action 17 (2007 Review):** HSE to complete a review of its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act.

**Progress:** HSE procurement policies, procedures and practices including standard terms and conditions have been reviewed and updated. No issues of non-compliance with the Disability Act were detected. All procurement policies and procedures are subject to continuing audit and review.

**Action 18 (2007 Review):** The HSE will provide guidance and protocols to service areas on ensuring that all client communications are accessible. HSE to request that all services review their communications at local, regional and national level with a view to ensuring that, as far as practicable, the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities.

**Progress:** Currently, to facilitate complainants' understanding of the process, each complainant is telephoned as the complaint is received. Complainants are talked through the process giving them contact details and listening to their concerns regarding the assessment of need. The complainants are contacted, if required, during the complaints process and called when the report has been completed and before it is posted to talk them through the findings and recommendations. HSE Consumer Affairs hope to put together a multilingual complaints form/pack. The layout of this form is to be similar to that of the Disability Appeals form. This process has not yet commenced.

**Action 19 (2007 Review):** HSE will complete an audit of existing public buildings with regard to their accessibility to persons with disabilities in 2006, which will lead to an agreed and planned programme of remedial works, to be implemented over the period covered by the National Development Plan 2007 to 2013.

**Progress:** The HSE has compiled a register of its health infrastructure which comprises almost 3,000 buildings. To date, however, a comprehensive audit on accessibility has not been completed.

While there remains scope for improvement, the majority of acute hospitals in the country, by virtue of their function and the range of people using them, comply with the basic requirements of Part M (e.g. level access thresholds, wide corridors and door openings in public parts, accessible sanitary accommodation etc.)

A programme of investment in Community Nursing Units, Primary Care Centres and Mental Health facilities is systematically replacing many older buildings with new, accessible buildings.
Statutory Agencies under the aegis of the Department of Health and Children

In August 2009, 34 statutory agencies under the aegis of the Department of Health and Children were consulted individually and asked to complete a structured questionnaire designed to assess their level of compliance with Part 3 of the Disability Act relating to access to information, buildings and services by persons with disabilities. A copy of the structured questionnaire is at Appendix B. The agencies consulted are listed at Appendix D.

Response rate
Of the 34 agencies consulted, 19 completed questionnaires were received which represents a response rate of 56%.

Summary of Material received
Analysis of the 19 completed questionnaires has shown the following:

- 95% of agencies (18) report that their buildings are accessible to persons with disabilities.
- 84% of agencies (16) report that they have procedures in place to ensure that their public buildings are, as far as practicable, accessible to persons with disabilities.
- 53% of agencies (10) report that an access audit of their public buildings has been carried out.
- 84% of agencies (16) report that they have appointed an Access Officer. Of those that have not currently got an Access Officer in place, one reason cited was the redeployment of the agency in question’s Access Officer to another area of responsibility within that organisation. Another agency explained that it was still in the setting up stage but planned to meet its statutory obligations in respect of appointing an Access Officer once the service was up and running. And another agency reported that while it had not appointed an Access Officer per se access issues were dealt with on a case by case basis by the Office Manager and the Office staff.

- 79% of agencies (15) report that they have procedures in place to ensure that goods and services provided to their agencies are accessible to persons with disabilities

- Only 21% of agencies (4) report that an audit of their services have been carried out.

- 89% of agencies (17) report that they have a procurement policy. Of these, 76% of agencies (13) report that their procurement policy addresses issues of accessibility for persons with disabilities.
- 30 -

- 58% of agencies (11) report that they have procedures in place to communicate, as appropriate, with persons with disabilities and to assist persons with disabilities access information about their services.

- 89% of agencies (17) report that they have a public website. Of these 65% (11) report that it complies with the NDA Guidelines for Web Accessibility or other internationally recognised web guidelines and 41% (7) report that an accessibility audit of their website has been carried out.

- 68% of agencies (13) report that they have complaints procedures in place to allow persons to make a complaint in writing to the head of their agency in relation to failure of the agency to comply with its statutory obligations regarding access to information, buildings and services by persons with disabilities. Of those that have not got a complaints procedure in place a variety of explanations were given. One agency for example reported that disability (typically as envisaged by the Disability Act) would be very rarely encountered within the client group most predominant in its services. Two further agencies explained that they were currently drafting their complaints procedures with a view to completion in late 2009, in the case of one, and in early 2010 in the case of the other. Another agency reported that the matter was under review and should be finalised in last quarter of 2009.

- 79% of agencies (15) report that they have appointed an Inquiry Officer. Of those that have not currently got an Inquiry Officer in place, a number of reasons were given. One agency for example explained that the issue was currently in development stage. Another agency reported that while it had not appointed an Inquiry Officer per se complaints were dealt with on a case by case basis by the Office Manager and the Office staff.

A more detailed summary of agency responses to the consultation process can be found in Appendix C – Statutory agencies under the aegis of the Department of Health and Children, and their compliance with Part 3.

**Action 20 (2007 Review):** DOHC to designate Access Officers in Statutory bodies which come under the aegis of the DOHC.

**Progress:** The Department is currently considering monitoring arrangements to evaluate progress on this and other matters in bodies under the aegis of the Department.

**Part 5 - Public Service Employment**

**Progress – Department of Health and Children**

Under Section 47(4) of the Act, the Department of Health and Children reports on the percentage of persons employed by it in the previous year to the Civil Service Monitoring Committee. For 2008, the Department reported a total of 4.8% of staff who
had indicated they had a disability as defined under the Act.

The Department implements the Civil Service Code of Practice for the Employment of People with Disabilities.

The Department has a designated Disability Liaison Officer to act as the point of contact for staff with disabilities, their managers and the HR section and to assist and support staff with disabilities and their line managers by the provision of necessary information, appropriate contacts, guidance, suggestions and advice.

The Department consults with staff with disabilities to ensure their accessibility issues, if any, are identified and addressed.

Section 47 (3) (d) (iv) of the Act, states “that the public body concerned shall offer a specified number of work experience placements of specified duration to persons with disabilities each year.” The Department participates in the Willing Able Mentoring (WAM) Programme, which is administered by the Association for Higher Education, Access and Disabilities (AHEAD) whose mission is to improve the employment opportunities of graduates with disabilities. The Department provided two six month placements in 2006/2007 and one in 2008/2009.

In accordance with Section 3(a)(f) of the Act, the Department provided Disability Awareness Training to all staff throughout 2007 with an uptake of 84% participation. Following evaluation feedback, the Department provided Mental Health Awareness training to all interested staff throughout 2008.

**Progress – Health Service Executive**

*Action 8 (2007 Review):* HSE to collect information regarding numbers of employees with a disability as required under section 48(2) of the Disability Act 2005.

*Progress:* A Census of Employees was conducted during 2007 and the HSE submitted its report to the Monitoring Committee established under section 48 of the Disability Act.

**Compliance with Part 5**

The table hereunder summarises the returns received from the Department of Health and Children, the Health Service Executive and statutory agencies as included in the most recent report of the Monitoring Committee on health agency compliance with Part 5 of the Disability Act:
Public service employment of people with defined disabilities

<table>
<thead>
<tr>
<th>Organization</th>
<th>Total number of employees</th>
<th>% who completed Staff Census (response rate)</th>
<th>% of all employees with a defined* disability</th>
<th>Number on work experience with a disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Children</td>
<td>652</td>
<td>0.0%</td>
<td>4.8%</td>
<td>1</td>
</tr>
<tr>
<td>Beaumont Hospital Board</td>
<td>3,444</td>
<td>58.6%</td>
<td>1.7%</td>
<td>0</td>
</tr>
<tr>
<td>Board of the Adelaide and Meath Hospital</td>
<td>3,063</td>
<td>56.0%</td>
<td>1.6%</td>
<td>0</td>
</tr>
<tr>
<td>Bord Altranais</td>
<td>48</td>
<td>60.4%</td>
<td>2.1%</td>
<td>0</td>
</tr>
<tr>
<td>Crisis Pregnancy Agency</td>
<td>16</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Dental Council</td>
<td>5</td>
<td>60.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Drug Treatment Centre Board</td>
<td>120</td>
<td>55.8%</td>
<td>1.7%</td>
<td>0</td>
</tr>
<tr>
<td>Dublin Dental Hospital Board</td>
<td>225</td>
<td>100.0%</td>
<td>4.0%</td>
<td>0</td>
</tr>
<tr>
<td>Food Safety Authority of Ireland</td>
<td>90</td>
<td>84.4%</td>
<td>2.2%</td>
<td>0</td>
</tr>
<tr>
<td>Health Information and Quality Authority</td>
<td>91</td>
<td>76.9%</td>
<td>3.3%</td>
<td>0</td>
</tr>
<tr>
<td>Health Insurance Authority</td>
<td>9</td>
<td>100.0%</td>
<td>11.1%</td>
<td>0</td>
</tr>
<tr>
<td>Health Research Board</td>
<td>78</td>
<td>91.0%</td>
<td>3.8%</td>
<td>0</td>
</tr>
<tr>
<td>Health Service Executive</td>
<td>72,635</td>
<td>44.8%</td>
<td>1.5%</td>
<td>no database</td>
</tr>
<tr>
<td>Institute of Public Health in Ireland</td>
<td>22</td>
<td>59.1%</td>
<td>4.5%</td>
<td>0</td>
</tr>
<tr>
<td>Irish Blood Transfusion Service</td>
<td>716</td>
<td>52.9%</td>
<td>1.7%</td>
<td>0</td>
</tr>
<tr>
<td>Irish Medicines Boards</td>
<td>251</td>
<td>74.1%</td>
<td>4.0%</td>
<td>0</td>
</tr>
<tr>
<td>Leopardstown Park Hospital Board</td>
<td>284</td>
<td>93.0%</td>
<td>9.2%</td>
<td>0</td>
</tr>
<tr>
<td>Medical Council</td>
<td>48</td>
<td>89.6%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Commission</td>
<td>47</td>
<td>85.1%</td>
<td>2.1%</td>
<td>0</td>
</tr>
<tr>
<td>National Cancer Registry Ireland</td>
<td>55</td>
<td>80.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>National Cancer Screening Service</td>
<td>288</td>
<td>57.3%</td>
<td>3.1%</td>
<td>0</td>
</tr>
<tr>
<td>National Council for the Professional Development of Nursing and Midwifery</td>
<td>13</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>National Council on Ageing and Older People</td>
<td>8</td>
<td>75.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>National Social Work Qualifications Board</td>
<td>8</td>
<td>75.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>National Treatment Purchase Fund</td>
<td>51</td>
<td>78.4%</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

* Disability conforming to definition in Disability Act
<table>
<thead>
<tr>
<th>Total number of employees</th>
<th>% who completed Staff Census (response rate)</th>
<th>% of all employees with a defined* disability</th>
<th>Number on work experience with a disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Tobacco Control</td>
<td>13 92.3% 0.0% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Society of Ireland</td>
<td>18 100.0% 0.0% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Hospital Emergency Care Council</td>
<td>17 100.0% 0.0% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safefood</td>
<td>27 85.2% 0.0% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Acts Advisory Board</td>
<td>16 100.0% 0.0% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St James’s Hospital Board</td>
<td>4,486 38.7% 2.9% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Health Insurance Board</td>
<td>1,022 78.3% 3.8% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Health Council</td>
<td>8 100.0% 0.0% 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>87,874 46.3% 1.7% 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Disability conforming to definition in Disability Act

The most recent report of the Monitoring Committee addressing health agency compliance with the provisions of the Disability Act on public sector employment of people with disabilities includes the following general recommendations:

“The Monitoring Committee notes that the current moratorium on recruitment and promotion in the public service will reduce opportunities to move closer to the 3% target. It believes that public bodies should respond by placing greater emphasis on introducing or improving programmes to retain employees who acquire disabilities while in their employment.

The Committee feels that the Act’s definition of disability might be better explained on the Staff Census Forms.

The Committee suggests that public bodies should incorporate disability awareness in their training programmes and that they should be encouraged to make links with local disability organisations that may be able to assist with training.”
5. Cross-Departmental and Cross-Sectoral Issues

National Disability Strategy

The guiding principle of mainstreaming public services for people with disabilities was adopted by the government in 2000. The National Disability Strategy, and the components contained therein, provided the legal basis for this policy.

Structures for monitoring the implementation of the National Disability Strategy in the health sector

Senior Officials Group on Disability

Progress on the implementation of the National Disability Strategy is monitored by the Senior Officials Group on Disability, which reports to the Cabinet Committee on Social Inclusion. The Group comprises officials representing the six Government Departments that produce Sectoral Plans, namely:

- Department of Health and Children;
- Department of Social and Family Affairs;
- Department of Transport;
- Department of Communications, Energy and Natural Resources;
- Department of the Environment, Heritage and Local Government;
- Department of Enterprise, Trade and Employment;

as well as representatives of the Department of the Taoiseach, the Department of Justice, Equality and Law Reform, the Department of Finance and the Department of Education and Science.

Stakeholder Monitoring Group

The social partnership agreement Towards 2016 includes a commitment to maintain a constructive relationship with stakeholders in relation to progress on implementing the National Disability Strategy. To this end a National Disability Strategy Stakeholder Monitoring Group (NDSSMG) has been established to monitor progress on the overall implementation of the strategy. The Group comprises

- Senior Officials Group on Disability;
- National Disability Authority;
- a variety of stakeholder groups;
- Irish Congress of Trade Unions;
- Irish Business and Employers Confederation.

Renewed Programme for Government (October 2009)

The Renewed Programme for Government (October 2009) includes a renewed commitment to prioritising the implementation of the National Disability Strategy across all sectors:

“We will prioritise the interests of people with disabilities and actively advance the implementation of the National Disability Strategy (NDS) throughout the current economic climate having regard to the progress made to date and subject to
available resources.

We will ensure that the NDS is driven and managed from a whole of Government perspective. We will prioritise and protect this important area of Government policy.

We will publish a “NDS Recession Implementation Plan”, central to which will be the availability of accessible public and social services to vindicate the rights of people with disabilities to full participation within the State.

We will maximise the efforts of the State and the voluntary disability sector in order to deliver cost effective services that promote independence and choice for people with disabilities.

We will advance measures to specifically strengthen collaborative working across Departments, Public Bodies and the voluntary disability sector to ensure person-centred public service provision.

We will ensure that all Government Departments make decisions that are consistent with advancing the NDS in keeping with Government policy

We will strongly progress the NDS in parallel with Ireland’s economic recovery.”

The Department of Health and Children will play a lead role within the health sector in relation to collaborating with the lead Department for the National Disability Strategy (Dept of Justice, Equality and Law Reform) together with the HSE and other Departments in relation to this commitment.

Educational Provision / EPSEN Act 2004

Co-operation between the health sector and the education system

Progress in a number of areas in recent years has been facilitated by close cooperation between the health and education sectors.

In order to provide for a joined up Government approach to the implementation of the Disability Act 2005 and the Education for Persons with Special Educational Needs (EPSEN) Act 2004, the Department of Health and Children and the Department of Education and Science established a Cross Sectoral Team in 2006, comprising senior officials from both Departments, the Office for Disability and Mental Health (ODMH), the Health Service Executive (HSE) and the National Council for Special Education (NCSE). The purpose of the team is to oversee the planned co-ordination of the implementation of the two Acts which will deliver a single seamless assessment of need process for the client.

The Cross Sectoral Team established a number of subgroups for specific purposes as follows:

- a Standards Subgroup to prepare draft standards for the Assessment of Need
The Cross Sectoral Team continues to meet on a regular basis to address issues of mutual concern.

The current economic climate places significant challenges on the system to target supports to those areas of greatest need within the resources available.

As determined by Government, it is not possible to proceed with the full implementation of the EPSEN Act in 2010 as originally envisaged. However, children with special educational needs will continue to receive an education appropriate to their needs. The National Council for Special Education (NCSE) will continue to support schools, parents and children, and teachers and special needs assistants will continue to be deployed to schools in line with the Department’s policies.

While the Department of Education and Science does not have a Sectoral Plan under the Disability Act, appropriate education services are supported as a central element in the Government’s commitment to supporting those with special educational needs.

This support is provided across a wide spectrum of initiatives within the education sector. At school level, in addition to the teachers provided in the classroom, significant additional supports are also provided to enable schools to cater for the needs of students with special educational needs. Such supports include additional resource teaching support, special needs assistant support, special transport arrangements, enhanced capitation and funding for the purchase of specialised equipment.

When the overall annual spend in 2009 to support persons with special educational needs is considered, the Department of Education and Science will spend an estimated €1bn in total by the end of the year. The equivalent spends in the years from 2004 to 2008 were: €468m, €605m, €706m, €838m and over €900m.

With these levels of investment, it is clear that significant progress has been made in educational provision for persons with special needs in recent years. Advances in the level of dedicated provision to support children with special educational needs include:

- schools are now allocated extra resource teachers and special needs assistants to enable them meet the special educational needs of students. In the region of 19,000 staff work in schools solely with children with special needs;
- special needs assistant posts have increased from under 300 in 1997 to over 10,000 in 2009;
- primary schools are staffed up-front with additional teachers to cater for the most prevalent special educational needs – removing the need for assessments and delays in recruitment;
- the level of training available to teachers has improved significantly. The
establishment of the Special Education Support Service to provide expert
support, professional development and training opportunities in special education
for school staff has been very significant. In 2008, the service was in contact with
over 23,000 teachers. The range of post-graduate professional training
programmes available to professionals in the special needs area has also
significantly expanded;

- the National Educational Psychological Service (NEPS) aims to support the
  personal, social and educational development of all children through the
  application of psychological theory and practice in education, having particular
  regard for children with special educational needs;

- the National Council for Special Education (NCSE) was established to co-
  ordinate the delivery of services for children with special needs. The NCSE is
  responsible, through its network of local Special Educational Needs Organisers,
  for allocating resource teachers and special needs assistants to schools to
  support children with special needs;

- assistive technology, specialist equipment, building adaptations and special
  school transport arrangements continue to be provided as necessary.

The EPSEN Act 2004 is an important piece of legislation, as it provides the legislative
framework for delivery of service for persons with special educational needs. A
significant number of sections of the EPSEN Act have been commenced, principally
those establishing the National Council for Special Education and those promoting an
inclusive approach to the education of children with special educational needs.
Specifically, the following sections have been commenced - 1, 2, 14(1)(a), 14(1)(c),
14(2) to 14(4), 19 to 37, 40 to 53.

The sections of the EPSEN Act that have been deferred are those mainly concerned
with the assessment of need process, preparation and review of individual education
plans and the associated appeals provisions in relation to these areas. A small number
of sections refer to interaction between the NCSE and the health services.

The additional funding provided as part of Budget 2009 was used to strengthen and
enhance health and education services and continue the preparation for the full
implementation of the EPSEN Act at a later date. The funding provided for an expansion
of the NEPS so that all schools in the country will be covered by the service as well as
enhancing the capacity of the NCSE to co-ordinate the provision of services to children
with special educational needs. In addition, the Department of Education and Science
has provided for a comprehensive system of continuing professional development for
teachers and this will continue to be built on.
Progress in respect of educational targets in the Health Sectoral Plan / Year 1 Review, Towards 2016 and the Agreed Programme for Government is set out in the following table:

<table>
<thead>
<tr>
<th>Commitment (Sectoral Plan / Yr 1 Review / Towards 2016 / Agreed Prog for Govt)</th>
<th>Progress – Educational Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commence Part 2 in respect of children aged 5-18. (Review)</td>
<td>Because of the Government decision to defer the implementation of the EPSEN Act 2004, progress on this commitment has been slower than envisaged. This decision is being kept under review and it is the intention to fully implement the Act at the earliest possible opportunity. The timeframe is however, dependent on economic circumstances. During 2009, the Department of Education &amp; Science (DES) secured sanction for 3 additional staff for the NCSE. Children with special educational needs continue to receive services and supports in a non-statutory manner. The NCSE continues to support schools, parents and children, and special educational needs supports continue to be deployed to schools to meet children’s needs in line with the Department of Education and Science’s policies.</td>
</tr>
<tr>
<td>Put in place a Cross-Sectoral team consisting of senior officials from the Departments of Health and Education, the HSE and the NCSE, to ensure that arrangements for the implementation of Part 2 of the Disability Act and the EPSEN Act are progressed in tandem, having due regard to the resources and capacity of both sectors concerned. (Review)</td>
<td>The Cross-Sectoral Team, comprising senior officials from the ODMH, DoHC, HSE, DES and NCSE, was put in place in 2006 and continues to meet on a regular basis but as above, progress is limited by the deferral of the implementation of EPSEN and Part 2 of the Disability Act.</td>
</tr>
<tr>
<td>Make arrangements for the agreement of protocols for liaison with the NCSE with regard to educational needs for adults. (Review)</td>
<td>The Cross-Sectoral Team continues to meet regularly to plan for the extension of the statutory requirements of Part 2 of the Disability Act 2005 to adults. Progress is limited by the Government decision to defer the implementation of EPSEN and Part 2 of the Disability Act.</td>
</tr>
<tr>
<td>Prioritise early</td>
<td>The DES and Public Appointments Service is currently</td>
</tr>
<tr>
<td>Commitment (Sectoral Plan / Yr 1 Review / Towards 2016 / Agreed Prog for Govt)</td>
<td>Progress – Educational Targets</td>
</tr>
<tr>
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</tr>
<tr>
<td>assessment and increase the number of educational psychologists in the Department of Education's NEPS service to 200 by 2009. (APG)</td>
<td>engaging with some thirteen prospective recruits to the NEPS service for assignment in the immediate future.</td>
</tr>
<tr>
<td>Expand pre-school provision around the country to ensure early intervention. (APG)</td>
<td>DES provides early educational intervention for younger pre-school children who have been assessed as having autism. This intervention may take place in one of 46 early intervention classes now established around the country, which are attached to a school or through the provision of a home tuition grant.</td>
</tr>
<tr>
<td>Provide each child with special needs with the right to an Individual Education Plan. This will ensure that each child has a tailored programme to meet their unique individual needs. In the case of children with autism, the Plan will enable them to benefit from a range of teaching approaches, including PECS, ABA and TEACCH, as appropriate. (APG)</td>
<td>The EPSEN Act makes provision for an education plan for each individual pupil with special educational needs, and this will become mandatory when the relevant sections of the Act are commenced. In preparation for this, the NCSE published guidelines on the Individual Education Plan process and a copy issued to all primary and post primary schools at the commencement of the 2006/2007 school year. These guidelines provide advice and assistance to schools, teachers and parents on devising and implementing individual education plans.</td>
</tr>
<tr>
<td></td>
<td>Continuing Professional Development (CPD) forms a significant part of the preparatory work necessary for the successful implementation of the EPSEN Act. While the full implementation of this Act has been deferred, it is essential that teachers are provided with an understanding of individual education planning and are enabled to participate and implement the process therein prior to the implementation of the Act. In this context, the Special Education Support Service (SESS) is providing one full day of CPD for the Principal and a number of key teaching staff</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Commitment (Sectoral Plan / Yr 1 Review / Towards 2016 / Agreed Prog for Govt)</th>
<th>Progress – Educational Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>In all Primary and Post-Primary schools during 2009. This programme of CPD commenced for primary schools in May 2009 and is commencing for post-primary schools in October.</td>
<td>The centres have applied to the DES to become special schools and the applications are currently being processed.</td>
</tr>
<tr>
<td>Commit to long-term funding for the 12 centres that are currently in the ABA pilot scheme, subject to agreement with the Department of Education on standards that will enable the Department to support them as primary schools for children with autism. (APG)</td>
<td>There are now 115 special schools and in the region of 600 special classes established around the country. 4 special schools opened in September 2008.</td>
</tr>
<tr>
<td>Continue to expand the number of special classes in our schools and open new special schools. (APG)</td>
<td>At present there are over 4,700 adults working solely with students with special educational needs in second level schools, including over 2,700 teachers and more than 2,000 Special Needs Assistants. The “Inclusion of Students with Special Educational Needs: Post-Primary Guidelines” were published in June 2007 and circulated to all second level schools. The guidelines provide practical advice and guidance to schools on the organisation and co-ordination of resources to maximise the support to each individual student.</td>
</tr>
<tr>
<td>Improve second level provision for children with special needs. (APG)</td>
<td>The level of training available to teachers has improved significantly. The establishment of the Special Education Support Service to provide expert support, professional development and training opportunities in special education for school staff has been very significant. In 2008, the service was in contact with over 23,000 teachers. The range of post-graduate professional training programmes available to professionals in the special needs area has also been expanded considerably.</td>
</tr>
<tr>
<td>Provide improved training for teachers. (APG)</td>
<td>A significant number of sections of the Education for Persons with Special Educational Needs (EPSEN) Act 2004 have been commenced, principally those establishing the NCSE and those promoting an inclusive approach to the education of children with special educational needs.</td>
</tr>
<tr>
<td>Implement the Education for Persons with Special Educational Needs Act in full. (APG)</td>
<td>An interim process for the referral of children aged under 5 for</td>
</tr>
</tbody>
</table>
Commitment (Sectoral Plan / Yr 1 Review / Towards 2016 / Agreed Prog for Govt) | Progress – Educational Targets
---|---
sectors to agree protocols for the referral of children aged under 5 for education assessment. (Review) | education assessment is being finalised. It is intended that the process will be rolled out at local level during the 2009/10 school year.

**Action 3 (2007 Review):** DOHC to agree protocols with the DES and the NCSE for the referral of children under 5 for education assessment.

**Progress:** A Protocols Sub-Group of the Cross Sectoral Team was established in early 2008 and has held regular meetings since then. Interim working arrangements between the health and education sectors for the referral of children aged under 5 are in the process of being finalised and should be available to practitioners shortly. An interim protocol has been agreed between HSE, NCSE and NEPS for desktop assessment of education needs, based on reports of health related professionals. Procedures for localised referral to SENOs under Section 8(3) have been developed with NCSE and NEPS. A monitoring system has been developed to address locally identified issues. In addition the HSE is developing a guidance document to assist Assessment Officers in liaison arrangements between the health and education sectors.

**Integration of children with disabilities in pre-school settings**
The integration of young children with disabilities into pre-school settings is an integral part of the mainstreaming agenda in education. In order to drive progress on this goal, the Office for Disability and Mental Health will establish a Working Group to develop a framework for the integration of young children with disabilities in mainstream pre-school settings. The group will be chaired by the Director of the ODMH and will have representation from the Office for Disability and Mental Health, the Department of Education and Science, the Office of the Minister for Children and Youth Affairs and the Health Service Executive. It is intended to have a number of meetings over a short period of time to finalise proposals on this issue.

**Housing – Progress**

**Action 12 (2007 Review):** DOHC and the HSE to agree protocols with the Housing Authorities to deal with the following:
(i) ensure that housing strategies and housing action plans reflect specific strategies for dealing with the housing needs of people with disabilities;
(ii) assessment of housing needs;
(iii) support costs for social housing projects provided for people with disabilities.

**Progress:**
(i) A group chaired by the Department of the Environment, Heritage and Local Government (DOEHLG), and including representatives of the DOHC, the HSE and the Local Authorities, drew up a protocol to govern arrangements between the HSE and Local Authorities in relation to likely housing needs identified under the assessment of need process (for under fives as Part 2 of the Disability Act has commenced for this age cohort). The protocol, agreed by the Group in July 2007, is being implemented. Information relating to the protocol is available on both the DOHC and the DOEHLG’s websites. Further protocols in relation to assessment of need for people with a disability will be developed and implemented, for all age groups, in line with the phased implementation of the statutory requirements of Part 2 of the Act. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act 2005 and the Education for Persons with Special Educational Needs Act 2004.

(ii) A protocol governing the strategic assessment of the nature and extent of local housing needs of people with a disability is to be developed and implemented by early 2010.

(iii) Work is continuing between the DOHC, the DOEHLG and the HSE and Local Authorities on the development of a protocol to facilitate better coordination in relation to the provision of funding for social housing projects provided for people with disabilities. This protocol will develop liaison arrangements between the HSE and Housing Authorities in relation to the provision of ongoing revenue funding for operational/support costs, by the HSE, where necessary, for social housing projects provided by approved housing bodies. The protocol is expected to be implemented by the end of 2009.

Housing and support needs of people with a mental health disability
DOEHLG, informed by a subgroup of its National Advisory Group, is in the process of developing a protocol governing liaison between the HSE and Housing Authorities in relation to the specific housing and support needs of people with a mental health disability. The health sector will collaborate with DOEHLG in the implementation of the protocol.

Income Support – Progress

Action 13 (2007 Review): DOHC to agree protocol with the Department of Social and Family Affairs to deal with the following:
(i) develop income and related supports for people with disabilities in order to ensure that they have adequate, secure and sustainable income;
(ii) ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/educational opportunities;
(iii) ensure that supports to Carers are efficient and effective and are adaptable to their needs in a changing care environment.
**Progress:** The Government decided to transfer the following allowances currently administered by the HSE to the Department of Social and Family Affairs (DSFA):

- Domiciliary Care Allowance, including Respite Care Grant;
- Blind Welfare Allowance;
- Mobility Allowance and
- Infectious Diseases Maintenance Allowance (IDMA).

Detailed proposals are contained in the [2008 Social Welfare and Pensions Act](#).

Responsibility for new applications for Domiciliary Care Allowance (including the Respite Care Grant) was transferred to the Department of Social and Family Affairs from 1 April 2009. The stock of existing claims was transferred in August 2009 and the first payments to these recipients by that Department were issued in September 2009.

The small number of people who were on the Infectious Diseases Maintenance Allowance was transferred to an appropriate DSFA allowance. Accordingly the IDMA is to be abolished. The Department of Health and Children will be repealing the legislation in 2010.

The next phase will initially include a review of the policy and operation of the Mobility Allowance. The Department accepts that the Mobility Allowance requires to be examined before its proposed transfer to the Department of Social and Family Affairs as there is an identified need to reconsider the allowance’s objectives and effectiveness.

The health sector will continue to collaborate as appropriate with the Department of Social and Family Affairs in relation to the Government decision to transfer the Blind Welfare and Mobility Allowances to the Department of Social and Family Affairs.

**Towards 2016 - Cost of Disability**

Consideration will be given to the issues relating to the cost of disability following the development of the needs assessment system provided under Part 2 of the [Disability Act 2005](#).

**Towards 2016 – Rehabilitation**

The social partnership agreement, [Towards 2016](#), identified the need to develop a strategic integrated approach to rehabilitation services.

The Department and the HSE have embarked on the development of a national policy/strategy for the provision of rehabilitation services. A Working Group was established in July 2008 consisting of key stakeholders and experts in the field of rehabilitation. The [Working Group’s Terms of Reference](#) include the development of an appropriate policy framework for rehabilitation and a preferred model of care for the provision of rehabilitation services. The report of the Working Group is due in the first quarter of 2010. The HSE will be developing an action plan for the implementation of the policy/strategy once completed.
Vocational Training and Employment – Progress

Action 14 (2007 Review): DOHC and HSE to agree protocols with the Dept of Enterprise, Trade & Employment to deal with the following:

(i) to achieve an agreed understanding of the implications for both departments (and their respective agencies) of the government decision to transfer responsibility for sheltered and supported employment from the Dept of Health & Children to the Dept of Enterprise & Employment;

(ii) to agree an action plan for the phased transfer of funding and responsibilities from the health sector to the Dept of Enterprise & Employment;

(iii) to plan and develop Joint Bridging Programmes between health-funded day services and DETE/ FÁS training and employment services to ensure a more effective progression of service users from HSE services to DETE/FÁS services;

(iv) to promote the development of crosscutting information and monitoring systems in relation to supported and sheltered services for the purposes of future service development.

Progress: To provide a mechanism for a cross-sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities, a Cross Sectoral Group has been established to progress a targeted Action Plan. This will include the formulation of a comprehensive employment strategy and the development of a strategic framework to facilitate and promote access to employment for persons with a disability based on the commitments in the Sectoral Plans.

The National Co-ordinating Committee, comprising DOHC, DETE, the HSE and FÁS, has worked to improve current services and to expand support services for people with disabilities in the areas of training, sheltered and supported employment.

Part of this work has been the establishment of a joint FÁS/ HSE approach to the development of ‘bridging initiatives’, which focus on supporting the effective transition from rehabilitative training to vocational training. A Joint Bridging Programme has been developed by HSE and FÁS and plans are in place to implement the programme on a pilot basis. The evaluation of these pilots will inform the format, content and delivery of future bridging programmes.

The HSE established a National Review Group (including representation from statutory and non-statutory stakeholders) to carry out a Strategic Review of HSE funded Adult Day Services with a view to reconfiguring adult day provision, to ensure compliance with the Disability Act 2005 and Equality Legislation. The National Review Group adopted a final draft report in May 2009 and submitted the completed report to the HSE National Disability Steering Group in June. It is currently being considered by the HSE Management Team.

Among the key tasks of the Review were to advise on the reconfiguration and modernization of existing Adult Day Services to reflect the core principles of the Health
**Strategy** – Access, Quality, Accountability and Person Centredness - that incorporates the following approach:

- Best practice
- Good value for money
- Better outcomes for services users
- In line with relevant legislation and national standards.

This process aimed to produce a clear outline of a recommended service model/s that is reflective of the above principles.

A comprehensive consultation process, a national census of HSE funded adult day services for people with disabilities and a significant piece of research, including an examination of national and international best practice, was undertaken by the Group. Interim findings indicated a need for a more integrated systems wide approach to service delivery.

Arising from initial discussion between HSE and DOHC regarding the outcome of the Review, some priority issues have been identified for immediate action and a work plan has been agreed and commenced.

The Disability Act 2005 provides for co-operation and consultation between Ministers in the development and co-ordination of services that they provide for people with disabilities. Areas for joint actions between the Departments of Enterprise, Trade and Employment, and Health and Children are set out in joint protocols to the Sectoral Plans of both Departments under the [Disability Act 2005](https://www.gov.ie/en/act/10945/).

**The following areas of joint progress have been achieved in respect of Action 14:**

**Actions 14 (i) and 14(ii)**

**Developing a Comprehensive Employment Strategy**

The need for developing a comprehensive employment strategy to help create a more inclusive labour market in the context of Ireland’s continuing economic and social development was identified in the [Sectoral Plan of the Department of Enterprise, Trade and Employment](https://www.gov.ie/en/act/10945/).

In accordance with this key commitment in the DETE Sectoral Plan, that Department has developed an outline for a Comprehensive Employment Strategy for people with disabilities following discussions with the Department’s Consultative Forum. A key focus of the Strategy is on ensuring that systems, programmes and supports are integrated and complementary across the range of Government services.

In the context of actions contained in Actions 14(i) and 14(ii), the strategy aims among other things to provide a continuum of supports that address the full spectrum of needs of people with disabilities who wish to avail of training and employment opportunities in the open labour market. This will involve:

- enhancing the effectiveness of vocational training and employment programmes;
- raising employers’ awareness on employment and retention in employment;
integrating systems, programmes and supports to employment, training and education.

Key pillars contained in the Strategy include:

- integrating systems, programmes and supports, e.g., developing and articulating a continuum of training and employment, and related supports for people with disabilities across the broad spectrum of Government services;

- preparation for employment – training by Specialist Training Providers, e.g., developing a joint bridging programme from (HSE) rehabilitative to (FÁS) vocational training and other mainstream options;

- job matching and job supports, e.g., agreeing the role of FÁS as a gateway for assessing the needs of people with disabilities.

The strategy aims to deliver a process of engagement that addresses the range of capacities and needs of people with disabilities, to ensure that those who are able to are given every opportunity to engage in meaningful work, notwithstanding the challenges presented by the current difficult economic environment.

The comprehensive employment strategy is currently being further advanced by the Department of Enterprise, Trade and Employment in consultation with the Consultative Forum and the recently established Cross Sectoral Group, which is co-chaired by the Department of Enterprise, Trade and Employment and the Department of Health and Children. It aims to provide for an integrated strategy of engagement by the relevant Government Departments and their agencies, and other stakeholders, to promote the labour market integration of people with disabilities.

The Department of Health and Children is committed to ensuring that the strategy is implemented with the cooperation of all stakeholders, in particular the Departments of Enterprise, Trade and Employment and Social and Family Affairs and the relevant agencies. Implementation will be based on dedicated actions and timeframes contained in the strategy, with a view to increasing the overall employment rate of people with disabilities.

Action 14 (iii) - Plan and develop Joint Bridging Programmes between health funded day services and DETE/FÁS training and employment services.

Progress: Following discussions between the Department of Enterprise, Trade and Employment, the Department of Health and Children, FÁS and the HSE under the aegis of the National Co-ordination Committee, terms of reference for a Working Group on developing a bridging initiative from rehabilitative training to vocational training were agreed. A proposal for bridging tests, developed by the relevant FÁS/HSE working group, has been agreed by the Cross Sectoral Group. Concurrently, FÁS is preparing a tendering specification for the tests. In addition, a bridging pilot from rehabilitative to vocational is being tested by FÁS in Charleville, County Cork.
**Action 14 (iv) - Promote the development of cross cutting information and monitoring systems in relation to supported and sheltered services.**

*Progress:* As indicated above, a Cross Sectoral Group has been established by the Department of Enterprise, Trade and Employment and the Department of Health and Children. Its membership includes FÁS, HSE, the Department of Social and Family Affairs, and other Government Departments as appropriate. The key issue for consideration and progression will centre on advancing the mainstreaming agenda relating to the employment of people across the spectrum of disabilities. The work of this group is ongoing.

The HSE has advised the Department of Health and Children that it intends to:

- review the status and circumstances of all individuals involved in the areas of work/employment, children under the age of 18 years and older people over the age of 65 currently in adult services;
- develop a Quality Assurance System to underpin the delivery of the Review recommendations has also commenced;
- identify individuals who receive a structured day service via a residential funding stream; and
- review the employment status of former day service recipients who may be employed by the HSE.
6. Arrangements for Monitoring and Review

Consultation on Health Sectoral Plan Year 3 Review/Progress Report

To inform the review process the DoHC undertook a detailed consultation with key stakeholders across the health sector and with relevant Government Departments. The consultation took the form of an invitation for written submissions. Stakeholders consulted included the National Disability Advisory Committee (NDAC), the Health Service Executive and statutory agencies under the aegis of the DoHC. Government Departments consulted were the Department of Enterprise, Trade and Employment; the Department of Social and Family Affairs; the Department of Justice, Equality and Law Reform and the Department of Education and Science.

NDAC members were consulted individually and asked for their general views on what had been achieved to date and on where they believed attention should next be focused. They were asked to be particularly cognisant of the present challenging economic climate when submitting their proposals for future priority actions. A structured questionnaire was circulated to assist the preparation of responses.

The HSE was asked to submit comprehensive material outlining the progress it had made since the DoHC Sectoral Plan was published in June 2006.

Statutory agencies were each asked to complete a structured questionnaire designed to access their level of compliance with Part 3 of the Disability Act relating to access to information, buildings and services by persons with disabilities. The full list of statutory agencies consulted is at Appendix D and a copy of the structured questionnaire is at Appendix B.

Under the provisions of section 32(2) of the Disability Act 2005, the DoHC is committed to engaging, within the context of its Sectoral Plan, with both the Department of Enterprise, Trade and Employment and the Department of Social and Family Affairs in terms of the development and co-ordination of services provided for persons with disabilities. Within this context the DoHC informed both Departments of its intention to prepare a Review of its Sectoral Plan, and invited them to submit any initial comments they might wish to make, prior to the circulation of a first draft of the Review for observations.

The DoHC also advised the Department of Justice Equality and Law Reform and the Department of Education and Science of the Sectoral Plan review process and invited them to submit any initial comments they might wish to make, prior to the circulation of a first draft of the Plan for observations.

The full list of organisations and individuals that participated in the consultation process is at Appendix D.

Stakeholder consultation - key messages
The key messages which emerged from the stakeholder consultation process included
an acknowledgement of achievements to date such as:

- commencement of Part 2 of the Disability Act for under 5s;
- the establishment of early intervention teams;
- the work of HSE’s Assessment of Need Process Group;
- the agreed protocols on housing, training, sheltered/supported employment etc;
- publication of HIQA standards;
- delivery of additional services / places / PA hours / posts via the Multi-Annual Investment Programme (MAIP);
- the appointment of a permanent Disability Appeals Officer.

However disappointment was expressed in relation to a number of issues also, including:

- the deferral of implementation of the EPSEN Act and of Part 2 of Disability Act 2005 for 5-18 year olds and adults;
- delays in filling of development posts under the MAIP (and the perception that some MAIP funding may have been diverted from disability to other areas).

**Proposed Actions – Policy / Legislation**

Stakeholders suggested a range of areas for priority action, including:

- the need for renewed (multi-annual) investment for further service development;
- need for effective cross-departmental engagement on cross-cutting issues;
- the need for regulations and standards for disability services, with inspection and oversight;
- continued inter-agency cooperation on mainstreaming (housing, allowances, sheltered employment etc);
- need for DOHC/HSE to prioritise reviews of information management systems within disability & mental health services;

Specific areas suggested by stakeholders for action by the Department of Health and Children in its role in the formulation of policy and legislation included:

- resisting the transfer of equality functions re disability to DOHC from DJELR on grounds that it would be a retrograde step and out of line with the Government’s long-standing policy on mainstreaming;
- broadening accessibility focus beyond buildings, services and information via clear policy objectives in relation to mainstreaming;
- putting HIQA Residential Disability Standards on a statutory footing;
- real-time tracking and reporting of disability funding allocations to ensure resources are used for the purpose intended;
- introducing a direct payments system;
- redesigning personal assistance (PA) funding structure to give service user choice & independence;
- investment of additional resources including a renewed MAIP for:
  - enhanced adult day services;
  - increased support and help to carers;
  - additional day and respite places;
  - additional PA hours;
• requiring Service Level Agreements (with HSE) for all services receiving public funds;
• taking cognisance of pending changes to Part M of Building Regulations re accessibility;
• setting out a new Vision / Policy Statement on Intellectual Disability;
• addressing the implementation of Part 2 of Disability Act for 5-18 year olds and adults (possibly via a pilot scheme);
• letting long term disabled retain medical card if employed;
• extending mobility allowance to vision impaired;
• agreeing protocols between FÁS, DETE, HSE, DSFA on transfers of funding & responsibility re employment & training & day services and on referrals, assessment & information-sharing;
• clarifying responsibility for provision of pre-school education for under 5s with a disability.

Policy and legislation proposals relating to other sectors submitted in the course of the consultation process included:
• introducing Mental Capacity Legislation;
• preparing implementation plan for and commencing EPSEN Act 2004.

Proposed Actions – Services
Specific areas suggested by stakeholders for action by health services providers (primarily the Health Service Executive) included:
• bedding down implementation of Part 2 of the Disability Act 2005;
• preparing to roll out the implementation of Part 2 to other age-groups, including the application of Part 2 mechanisms on a non-statutory basis;
• making mainstream health services more accessible to those with disabilities;
• cooperating with other sectors on making public services more accessible to those with disabilities;
• prioritising appropriate placements and/or services for people with intellectual disabilities inappropriately placed in psychiatric settings;
• providing health services, social care & family support to children of school-going age in school settings as far as possible;
• personal advocacy service;
• addressing barriers to accessing health service information consistently reported by people with disabilities;
• further improving user access to information, e.g. important documents in “easy to read” format especially for those with intellectual disability;
• improved inter-agency working / coordination / communication;
• including housing requirements in Disability Act needs assessments;
• additional day & respite places, PA hours; assistive technology etc;
• pilot project on facilitating integration of specialist disability services into primary care;
• beginning planned closure of congregated settings.
Monitoring the implementation of the Health Sectoral Plan

Reporting arrangements
The arrangements for monitoring the implementation of the Health Sectoral Plan include reporting relationships to:

- the Cabinet Committee on Social Inclusion through the Senior Officials Group on Disability (the lead Department is Justice, Equality and Law Reform); and
- the Cabinet Committee on Health and Children through the Senior Officials Group on Health;

in the context of regular consultation with

- the National Disability Strategy Stakeholder Monitoring Group (NDSSMG), regarding the overall NDS; and
- the National Disability Advisory Committee (NDAC) regarding health sector disability issues.

National Disability Advisory Committee
The National Disability Advisory Committee (NDAC) was established in 2007. The Committee is representative of people with disabilities and other key stakeholders, including the HSE, the National Disability Authority (NDA) and the DES. The terms of reference of the Committee are:

- to provide a forum to inform policy at national level in relation to services for people with disabilities;
- to form part of the overall monitoring mechanism in relation to the implementation of the National Disability Strategy in so far as it relates to the health services;
- to advise the Minister for Health and Children on progress in the implementation of the Disability Act 2005 within the health services.

Implementation of Part 2
The DOHC and the HSE have established a group to monitor and review the implementation of Part 2 of the Act for children under 5. Since the commencement of Part 2 the group has met on a regular basis and updates are provided to the Department by the HSE. This group will continue to meet to monitor and evaluate progress as implementation of the Disability Act 2005 proceeds.

HSE Service Plan
In developing performance indicators for inclusion in the 2009 HSE Service Plan, the Department and the HSE agreed to start reporting on compliance rates.

Current Reviews
Review of Existing Information Management Systems

**Action 10 (2007 Review):** DoHC and HSE to make arrangements for a review of the existing information management systems within the disability and mental health services.

**Progress:** The Department of Health and Children and the HSE have initiated a review, in partnership with other stakeholders, of the information requirements for health and personal social services for people with a disability in the context of the requirements of the Disability Act 2005, the 4 existing standalone databases and the outcome of the VFM and Policy Review of Disability Services in the Health Sector.

A series of planning discussions and meetings with relevant parties to advance this objective have taken place since the beginning of 2009. The major issues identified in relation to advancing this project include the effect of/link with the major Value for Money and Policy Review project being undertaken in 2009/2010.

An interim IT system has been developed in order to collect the data required to allow the HSE to meet its obligations under the Act. These records are being collected for the purpose of planning the provision of assessments and services and identify:

- persons for whom assessments or services are being provided;
- the services provided and by whom;
- the needs identified and not included in Service Statements;
- the number of applications for assessment made and completed;
- the number of persons (including age and category of disability) not receiving services identified in Assessment Reports.
APPENDICES

A – References

B – Structured Questionnaire on statutory agency compliance with Part 3

C – Statutory agencies under the aegis of the Department of Health and Children, and their compliance with Part 3

D – Organisations and individuals that participated in the consultation process

Appendix A – References

http://www.nda.ie./cntmgmtnew.nsf/0/60DD74656B72013F802573B5005CD6C7/$File/da05compliancereport2006_01.htm

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http://universaldesign.ie/useandapply/ict/itaccessibilityguidelines/web

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http://www.justice.ie/en/JELR/Pages/Policy_in_Ireland

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http://www.dohc.ie/publications/needs_assessment.html

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UN Convention on the Rights of Persons with Disabilities

http://www.dohc.ie/publications/pdf/vision_for_change.pdf?direct=1
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http://www.ahead.ie/employment_wamprogramme.php

Working Group on Policy/Strategy for the Provision of Rehabilitation Services – Terms of Reference
http://www.dohc.ie/consultations/closed/rehabilitation_services
Appendix B – Structured Questionnaire on statutory agency compliance with Part 3

<table>
<thead>
<tr>
<th>Agencies Questionnaire</th>
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<tbody>
<tr>
<td>Compliance with Part 3 of Disability Act 2005</td>
</tr>
<tr>
<td>Access to Information, Buildings and Services</td>
</tr>
</tbody>
</table>

Part 3 of the Disability Act 2005, which comprises sections 24-40 of the Act, outlines the statutory obligations on public bodies to address issues of access to information, buildings and services by persons with disabilities.

1.1 Are your public buildings accessible to persons with disabilities as prescribed in section 25 (1) of the Disability Act?  
YES / NO

1.2 Have you procedures in place to ensure that your public buildings are, as far as practicable, accessible to persons with disabilities as prescribed in section 25 (1) of the Disability Act?  
YES / NO

If YES, please describe these procedures briefly

______________________________________________________________________  
______________________________________________________________________

2. Has an access audit of your public buildings ever been carried out?  
YES / NO

3. Have you appointed an Access Officer as prescribed in section 26(2) of the Disability Act?  
YES / NO

If NOT, please

(1) State reason why not

(2) Indicate when you intend to be in compliance with this statutory obligation

______________________________________________________________________

4. Have you procedures in place to ensure that goods and services provided to your agency are accessible to persons with disabilities as prescribed in section 27 of the Disability Act?  
YES / NO
If YES, please describe these procedures briefly

5. Has an audit of your services ever been carried out?  YES / NO

6. Do you have a procurement policy?  YES / NO

   (1) If YES, does it address issues of accessibility for persons with disabilities?  YES / NO

   (2) If YES, please describe briefly how accessibility is addressed in your policy

7. Have you procedures in place to communicate, as appropriate, with persons with disabilities and to assist persons with disabilities access information about your services as prescribed in section 28 of the Disability Act?  YES / NO

If YES, please describe these procedures briefly

8. Do you have a public website?  YES / NO

   If YES, please indicate

      (1) Whether or not it complies with the NDA Guidelines for Web Accessibility or any other internationally recognised web guidelines  YES / NO

      (2) Whether or not an accessibility audit of your website has been carried out  YES / NO

9. If a heritage site (as defined in section 29 (3) of the Disability Act) is owned, managed or in the control of your agency, is this site accessible to persons with disabilities?  YES / NO / NOT APPLICABLE

If a heritage site owned, managed or in the control of your agency is NOT accessible
10. Have you a complaints procedure in place, as prescribed in section 38 of the Disability Act, to allow persons to make a complaint in writing to the head of your agency in relation to your failure to comply with section (s) 25, 26, 27, 28 or 29 of the Disability Act?

   YES / NO

If NOT, please

(1) State reason why not

(2) Indicate when you intend to be in compliance with this statutory obligation

11. Have you appointed an Inquiry Officer as prescribed in section 39 of the Disability Act?

   YES / NO

If NOT, please

(1) State reason why not

(2) Indicate when you intend to be in compliance with this statutory requirement

Contact Details of Person completing Questionnaire (Please use Capitals)

   Name: ______________________________________

   Position: ______________________________________

   Organisation: ______________________________________

   Address: ______________________________________

   Email: ______________________________________
Thank you for taking the time to complete this questionnaire.

Please Note: Closing date for return of completed questionnaires is Thursday 3rd September 2009

Questionnaires to be returned to:

Eithne Breathnach
Office for Disability and Mental Health
Department of Health and Children
Hawkins House
Hawkins Street
Dublin 2

Email: eithne_breathnach@health.irlgov.ie
Tel: + 353 1 635 3051
Appendix C – Statutory agencies under the aegis of the Department of Health and Children, and their compliance with Part 3

Statutory Agencies under the aegis of the Department of Health and Children that were consulted:

1. Adoption Board
2. An Bord Altranais
3. Children Acts Advisory Board
4. Consultative Council on Hepatitis C
5. Crisis Pregnancy Agency
6. Dental Council
7. Drug Treatment Centre Board
8. Food Safety Authority of Ireland
9. Food Safety Promotion Board
10. Health and Social Care Professionals Council
11. Health Information and Quality Authority
12. Health Insurance Authority
13. Health Repayments Scheme Appeals Office
14. Health Research Board
15. Hepatitis C and HIV Compensation Tribunal
16. Institute of Public Health
17. Irish Blood Transfusion Service
18. Irish Medicines Board
19. Medical Council
20. Mental Health Commission
21. National Cancer Registry Board
22. National Cancer Screening Service Board
23. National Council for Professional Development of Nursing and Midwifery
24. National Council on Aging and Older People
25. National Haemophilia Council
26. National Paediatric Hospital Development Board
27. National Treatment Purchase Fund
28. Office of the Disability Appeals Officer
29. Office of Tobacco Control
30. Ombudsman for Children’s Office
31. Pharmaceutical Society of Ireland Council
32. Pre-Hospital Emergency Care Council
33. Voluntary Health Insurance Board
34. Women’s Health Council

Each agency was asked to complete a structured questionnaire designed to assess their level of compliance with Part 3 of the Disability Act relating to access to information, buildings and services by persons with disabilities. A copy of the structured questionnaire is at Appendix B.

The agency responses to the structured questionnaire are as follows (Y-Yes; N-No;
### Accessibility of Buildings

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<th>Agency</th>
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<th>Accessibility Procedures?</th>
<th>Accessibility Audit?</th>
<th>AO appointed per s26(2) Y/N?</th>
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<th>If NO, intended compliance timeframe</th>
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</table>
NOTES:  1 “Person who had been the access officer left the Adoption Board to return to the DoHC in Hawkins House.”;  2 “The Dental Council building is not fully accessible as the building is a protected structure. The Council has, as far as is practicable, put arrangements in place to ensure accessibility, subject to the constraints placed on the occupiers of any protected structure.”;  3 “In setting up stage, have just had 2 staff until August 2009.”;  4 “Plan will be once we have the service up and running and the public can complain to us.”;  5 “Access issues would be dealt with on a case by case basis by the Office Manager and the Office staff.”
<table>
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<tr>
<th>Agency</th>
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<th>Procurement Policy Y/N?</th>
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</tbody>
</table>

**NOTES:**

6 “Where issues of disability and accessibility are raised the organisation addresses these matters on an individualised basis to facilitate participation.”

7 “While our purchasing policy has been updated, we are in the process of reviewing all procedures, templates etc to bed in the policy across the organisation.”
## Accessibility of Information

<table>
<thead>
<tr>
<th>Agency</th>
<th>Communication / assistance procedures re access to info per s28?</th>
<th>Public Website Y/N?</th>
<th>If YES (a) Web accessibility guidelines compliant?</th>
<th>If YES (b) Website accessibility audit?</th>
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**NOTES:**

8 “An audit has not yet been carried out regarding compliance. It is likely that the Council website will be revisited in the near future and it is the Council’s intention that any revisions will be compliant.”;

9 “Our IT requirement in respect to this matter is at present under review.”
### Complaints Procedures

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<th>If NO, intended compliance timeframe</th>
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**NOTES:**

10 “Disability (typically as envisaged by the Disability Act) would be very rarely encountered within the client group most predominant in our services, prospective adoptive parents, especially those seeking a declaration of eligibility/suitability for intercountry adoption.”

11 “Will be examined now.”

12 “As soon as possible.”

13 “Under review – should be finalised in last quarter of 2009.”

14 “Appointment of Inquiry Officer to be confirmed as Complaints Procedure is finalised and approved.”

15 “Just in start up phase, putting systems in place to deliver service to public, but no service in place currently.”

16 “When public is receiving a service / part of service plan for 2010.”

17 “Currently in
development stage."; 18 "Due complaints procedure is currently being written and will be in place by October 2009."; 19 "Complaints would be dealt with on a case by case basis by the Office Manager and the Office staff."; 20 "Inquiry issues would be dealt with on a case by case basis by the Office Manager."
Appendix D – Organisations and individuals that participated in the consultation process

1. National Disability Advisory Committee
   Disability Federation of Ireland
   Inclusion Ireland
   Mental Health Commission
   National Disability Authority
   National Federation of Voluntary Bodies
   Not for Profit Business Association
   Mr Tom Kelleher

2. Health Service Executive

3. Statutory Agencies under the Aegis of the Department of Health and Children
   Adoption Board
   An Bord Altranais
   Children Acts Advisory Board
   Crisis Pregnancy Agency
   Dental Council
   Food Safety Authority of Ireland
   Health and Social Care Professionals Council
   Health Information and Quality Authority
   Health Repayments Scheme Appeals Office
   Hepatitis C and HIV Compensation Tribunal
   Institute of Public Health
   Irish Blood Transfusion Service
   Mental Health Commission
   National Cancer Registry Board
   National Cancer Screening Service Board
   National Paediatric Hospital Development Board
   National Treatment Purchase Fund
   Pre-Hospital Emergency Care Council
   Voluntary Health Insurance Board

4. Other Government Departments
   Special Education Section, Department of Education and Science
   Department of Enterprise, Trade and Employment
   Department of Environment, Heritage and Local Government
   Department of Social and Family Affairs
Appendix E – Relevant extracts from Programme for Government and Social Partnership Agreement

Progress reports on the Programme for Government are regularly posted on the website of the Department of the Taoiseach at http://www.taoiseach.gov.ie. With reference to the health sector, the key commitments are:

**Agreed Programme for Government (2007)**

<table>
<thead>
<tr>
<th>Commitment</th>
</tr>
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<tbody>
<tr>
<td>Build on this [the commencement of Part 2 for under 5s] by providing a legal right to independent assessment of needs for all persons with disabilities</td>
</tr>
<tr>
<td>Implement appropriate standards in service delivery</td>
</tr>
<tr>
<td>Improve data and information gathering</td>
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<tr>
<td>In addition to extending the National Rehabilitation Hospital, increase the existing rehabilitation bed capacity</td>
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**Renewed Programme for Government (October 2009)**

<table>
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<tr>
<th>Commitment</th>
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<tr>
<td>We are committed to the implementation of the Education for People with Special Needs (EPSEN) Act. To achieve this we will develop, in consultation with stakeholders, a costed multi-annual plan to implement some priority aspects of EPSEN focussing on measurable, practical progress in education and health services for children with special needs.</td>
</tr>
<tr>
<td>The Government will immediately provide funding for 28 additional posts to bring the number of National Educational Psychological Service (NEPS) psychologists to 210. This means that every school in the country will have access to the National Educational Psychological Service. This will ensure that children with special needs will get an assessment which will trigger an automatic response to their special educational needs. The [health sector] will continue to develop therapy services for children with special needs attending mainstream schools</td>
</tr>
<tr>
<td>We will prioritise the interests of people with disabilities and actively advance the implementation of the National Disability Strategy (NDS) throughout the current economic climate having regard to the progress made to date and subject to available resources.</td>
</tr>
<tr>
<td>We will ensure that the NDS is driven and managed from a whole of Government perspective. We will prioritise and protect this important area of Government policy.</td>
</tr>
<tr>
<td>We will publish a “NDS Recession Implementation Plan”, central to which will be the availability of accessible public and social services to vindicate the rights of people with disabilities to full participation within the State.</td>
</tr>
<tr>
<td>We will maximise the efforts of the State and the voluntary disability sector in order to deliver cost effective services that promote independence and choice for people with disabilities.</td>
</tr>
<tr>
<td>We will advance measures to specifically strengthen collaborative working across</td>
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</tbody>
</table>
Departments, Public Bodies and the voluntary disability sector to ensure person-centred public service provision.

We will ensure that all Government Departments make decisions that are consistent with advancing the NDS in keeping with Government policy.

We will strongly progress the NDS in parallel with Ireland’s economic recovery.

Social Partnership Agreement Towards 2016

Progress reports on Towards 2016 are regularly posted on the website of the Department of the Taoiseach at http://www.taoiseach.gov.ie.

Assessment for, and access to, appropriate health and education services including residential care, community based care, and mental health services within the framework of the Disability Act, 2005 and the Education for Persons with Special Education Needs Act, 2004. Developments will include:

- Person-centred supports will continue to be developed for long stay residents in psychiatric hospitals, with a view to their movement back into community living.
- Central to the successful implementation of the National Disability Strategy will be a process of financial accountability. Clear guidelines will be developed to ensure that the investment in the Strategy delivers value for money and real tangible benefits to people with disabilities.
- Person centred supports will continue to be provided to ‘adults with significant disabilities’, having regard to the range of support needs which they require, e.g. nursing, personal assistance, respite, rehabilitation, day activities, etc.
- In its consideration of the core funding requirements of agencies providing services for people with disabilities, the HSE will be asked to take into account the appropriateness of core funding essential health and personal social services.
- Establishing on a statutory basis the Social Services Inspectorate (SSI) (which currently inspects children’s residential and foster care services on an administrative basis) through the legislation for the establishment of the Health Information and Quality Authority (HIQA) which is expected to be published during the 2006 Autumn Session.
- Developing a strategic integrated approach to rehabilitation services within the context of the Multi-Annual Investment Programme with a view to supporting people back into employment, as appropriate, through early intervention and enhanced service provision.

National Standards will be introduced in respect of specialist health services for people with disabilities, taking into account the draft standards already prepared by the NDA, together with the report of the Working Group on the development of a Code of Practice for Sheltered Workshops.
In addition, each sectoral plan will include monitoring and review procedures. Departments are also required to set out in the sectoral plans the arrangements that will be put in place to monitor the compliance of state bodies and other relevant service providers with the provisions of the Disability Act, 2005.
ANNEX

Year 1 Review (2007)

of 2006 Sectoral Plan
Sectoral Plan under the Disability Act 2005

Year 1 Review
Contents

Foreword by Dr. Devins, T.D. Minister for Disability and Mental Health

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2. Disability Act 2005 Update

3. Review of the Sectoral Plan

4. New and Reviewed targets

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Appendix 2 Map of the Assessment Process under the Disability Act 2005
Appendix 3 Map of the Liaison Officer (Case Manager) process under the Disability Act 2005
Appendix 4 Map of the Complaints Process under the Disability Act 2005
Appendix 5 Map of the Appeals Process under the Disability Act 2005
Appendix 6 Membership of the National Disability Advisory Committee
Appendix 7 HSE Implementation Overseeing Group Terms of Reference and Membership
Foreword by Dr. Devins, T.D. Minister for Disability and Mental Health

I am very pleased to publish the Review of the Department of Health and Children’s Sectoral Plan in respect of disability and mental health services.

Section 31 (4) (d) of the Disability Act 2005 provides that reports on progress in implementing the Sectoral Plans should be completed at intervals of not more than 3 years from the date of publication. Because the Health Sectoral Plan is the first step in a complex and constantly evolving process which will establish a baseline for access to health services and for service delivery and standards, the Department and the HSE committed to undertaking an annual review of progress in each of the first three years. This is the first in the series of three reviews

I see this first review as an important step in moving forward the targets set in the Sectoral Plan. It represents an important opportunity to ensure that the needs of people with disabilities are considered in all health policy planning and service delivery. The philosophy of inclusion outlined in the Sectoral Plan underpins the planning and delivery of services for people with disabilities and will drive measures to ensure that all general health services are accessible by people with disabilities.

I am pleased to acknowledge the continued role of the Non-Governmental Organisations in the area of disability and mental health who make an invaluable contribution to the quality of life of those with disabilities.

I am very happy to see that significant developments have taken place since the publication of the Sectoral Plan in 2006. Part 2 of the Disability Act 2005 has commenced for children under 5 years on 1st June 2007. Children in the age category of 5-18 will be catered for with the implementation of EPSEN in tandem with the Disability Act 2005, and adults by no later that 2011.

The additional €50m announced in Budget 2008 will continue to provide a baseline to considerably enhance the multi-disciplinary support services for people with disabilities in line with the Government’s commitment to build capacity within the health services to deliver on the various legislative provisions contained in the National Disability Strategy.

This review summarises the achievements to date but most importantly it also includes new targets to be achieved over the next year. The review continues to represent a commitment at all levels of the health service to access and equity of service for people with disabilities. This is an important first step in the transformation programme of how services are delivered to those with disabilities, their families and their carers.

I look forward to continued co-operation between all sectors involved in the implementation of the Disability Act 2005 and I welcome this significant step towards enhancing the level of support available from the health services to people with disabilities and mental health, their families and carers.

Dr. Jimmy Devins, T.D. Minister for Disability and Mental Health
December 2007
1. Background

This review should be read in conjunction with the Sectoral Plan of the Department of Health and Children (DOHC) which was published in 2006 and which is available at http://www.dohc.ie/publications/sectoral_plan.html

The following is a brief synopsis of some of the information contained in that Plan.

The National Disability Strategy

The National Disability Strategy was launched in September 2004. It provides for a framework of new supports for people with disabilities. It builds on a strong framework of equality legislation and puts the policy of mainstreaming of public services for people with disabilities, on a legal footing. The main elements of the Strategy are:

- Disability Act 2005;
- Education for Persons with Special Educational Needs Act 2004;
- Sectoral Plans published in 2006 by six Government Departments;

The Disability Act 2005

The Disability Act 2005 is a central element of the National Disability Strategy. The Act is a positive measure designed to advance and underpin participation by people with disabilities in everyday life. Part 2 provides for the identification and delivery of individual health, education and personal social services for people with disabilities who meet the relevant eligibility criteria set out in the Act.

In particular the Act provides people with disabilities with an entitlement to:

- An independent assessment of health and education needs;
- A statement of the services (Service Statement) which it is proposed to provide;
- Pursue a complaint through an independent redress mechanism if there is a failure to provide these entitlement and
- Access to an Appeals Process.

Education for Persons with Special Educational Needs Act 2004 (EPSEN Act)

The Education for Persons with Special Educational Needs Act 2004 (EPSEN Act) makes provision for children up to the age of 18 years future planning for adults. In 2006 the National Council for Special Education (NCSE) submitted a report on the implementation of the EPSEN Act 2004 to the Minister for Education and Science. The Department of Education and Science (DES) has held a series of discussions with the Education partners and will shortly be presenting proposals for the implementation of EPSEN. The DOHC is committed to working with the DES in order to ensure full implementation of both Acts.

Mainstreaming

The concept of mainstreaming places obligations on public service providers to support access to public buildings, services and information for people with disabilities as well as other citizens, to the greatest practicable extent. This focus on mainstreaming and social inclusion is given particular emphasis through the Sectoral Plans provided for in Part 3 of the Act. The six key Departments Sectoral Plans, published in 2006, are designed to ensure that access for people with disabilities will become an integral part of service planning and provision. The Disability Act 2005:

- places an obligation on public bodies to be pro-active in employing people with disabilities (Part Five);
- restricts the use of information from genetic testing for employment, mortgage and insurance purposes (Part Four) of the and
- provides for a Centre for Excellence in Universal Design (Part Six).
Funding of Health Services for People with Disabilities
The Government has prioritised investment in services for people with disabilities in recent years. Overall approximately €2.57 billion is spent annually by the health services on disability programmes (residential, day care, respite, assessment and rehabilitation services), mental health programmes, domiciliary care and respite care grants and other allowances. While the need to enhance further capacity is a continuing challenge, it is important to acknowledge the very significant existing level of expenditure on health services for people with disabilities.

The National Disability Strategy provides for an Investment Programme, subsequently announced in the 2005 Budget, with some €900m capital and revenue funding for the period 2006 to 2009 to build capacity in priority areas of support services for people with disabilities. These include new residential, respite and day services and new community-based mental health facilities. This programme also provided for an additional 1400 posts for each year of the multi-annual investment programme. These posts are allocated to the disability/mental health area to build capacity in the system and to allow the capital and revenue elements of the programme to be used to maximum effect.

The multi-annual investment programme also provided €82 million in the lifetime of the programme to the Department of Education and Science for the purposes of:
- Enhancement of education services for adults with disabilities;
- Expansion of the role of the National Council for Special Education;
- Increasing the level of pre-school provision;
- Introducing a new appeals process as provided for in EPSEN

Social Partnership Agreement Towards 2016
The Social Partnership Agreement Towards 2016 addresses key issues in the disability area. These issues are specified in Chapter 4 of the DOHC Sectoral Plan. Appendix 1 outlines the action points for the disability area.

The Department of Health and Children Sectoral Plan
As provided for in the Disability Strategy, six key government departments published Sectoral plans in July 2006. The DOHC's Sectoral Plan outlines the policy context and provides an overview of the services currently provided by the HSE, including specialist services for disabilities and specialist mental health services. The arrangements for the implementation of Part 2 of the Disability Act are detailed in the Plan and the cross-departmental and cross-sectoral issues concerning people with disabilities and mental health such as housing, income support and vocational training and employment are also addressed.
2. Disability Act 2005 update

Part 2
As promised in the Sectoral Plan, Part 2 of the Disability Act 2005 was commenced on 1st June 2007 in respect of children aged under 5. The actions undertaken by the relevant sectors in advance of this commencement are detailed in the progress report at the end of this document. New and reviewed targets are detailed in Section 4. A map of the assessment process for children under 5 is detailed at Appendix 2. A map of the Liaison Officer (Case Manager) process is outlined in Appendix 3.

Monitoring Arrangements
As provided for in the Action Plan, the arrangements for monitoring and review of the Sectoral Plan include reporting relationships to the Cabinet Committee on Social Inclusion (lead Department is the Department of Justice, Equality and Law Reform), the Cabinet Committee on Health and Children, and the National Disability Advisory Committee.

The DOHC and the HSE have established a group to monitor and review the implementation of Part 2 of the Act for children under 5. Since the commencement of Part 2 the group has met on a regular basis and updates are provided to the Department by the HSE. This group will continue to meet to monitor and evaluate progress as implementation of the Disability Act 2005 proceeds.

In addition, the National Disability Advisory Committee was established in 2007. The Committee is representative of people with disabilities and other key stakeholders, including the HSE, the National Disability Authority (NDA) and the DES. The terms of reference of the Committee, are:
- To provide a forum to inform policy at national level in relation to services for people with disabilities;
- To form part of the overall monitoring mechanism in relation to the implementation of the National Disability Strategy in so far as it relates to the health services;
- To advise the Minister for Health and Children on progress in the implementation of the Disability Act 2005 within the health services.

The Committee met for the first time on 1st October 2007 and was invited to put forward proposals for the review of the sectoral plan. Its views have been considered for this purpose. A list of the members is at Appendix 6.

Extension of the Disability Act to 5-18 and Adults
As provided in the Sectoral Plan, the Act will commence for children aged 5 to 18 years in parallel with the EPSEN Act 2004, which is expected to commence by 2010. Part 2 will be extended to adults as soon as possible but no later than the end of 2011. In the meantime, services for adults with a disability will continue to be developed over the next number of years. In preparation for the introduction of Part 2 for adults, a review of adult day services including sheltered work has commenced.

The primary focus of many of the elements of the Multi-Annual Investment Programme is on meeting the identified needs of adults with disabilities. Enhancements in multi-disciplinary support services for both adults and children will also be put in place progressively over the coming years.

Parts 3 and 5
The Sectoral Plan sets out measures to be taken by the DOHC, the HSE and the 27 statutory bodies under the aegis of the Minister for Health and Children, to comply with their obligations under Parts 3 and 5 of the Disability Act 2005.
Progress in implementing Part 3

In addition to the publication of a Sectoral Plan by the Department, Part 3 of the Act obliges public bodies to make their buildings and services accessible. There is now a statutory requirement on public bodies, including the DOHC, the HSE and the 27 other bodies under the remit of the Department to integrate, where practical and appropriate, services for people with disabilities with those for other citizens. In some cases, assistance to access the service will be available to people with disabilities, following a request. Four Access Officers have been appointed in the Department to provide or arrange for and co-ordinate the provision of assistance and guidance to persons with disabilities in accessing services in the Department. An Inquiry Officer has also been appointed in the Department to investigate complaints and prepare a report in writing of the results of such investigations.

The HSE has established an internal Implementation Overseeing Group to monitor and oversee compliance with Part 3 of the Disability Act. The Group will function as a resource to the system, providing advice and support in relation to the specific tasks and actions outlined in the Sectoral Plan. The Group is chaired by the Assistant National Director with responsibility for Disability Services, and has representation from Human Resources, Shared Services, Population Health, PCCC, National Hospital Office, Estates, Communications, Finance, as well as the NDA and the HSE- Employers Agency (HSE-EA). The terms of reference and membership of HSE Implementation Overseeing Group are attached at Appendix 7.

The Group is currently working closely with the NDA to develop guidelines for improving the accessibility of health services for people with disabilities in Ireland. The guidelines will address the six key dimensions of accessibility:

- Disability awareness training;
- Customer relations;
- Information provision;
- Infrastructure and buildings;
- Equipment and devices;
- Procurement.

The HSE has commenced the process to recruit a National Specialist in Accessibility to link with the functions and service domains of the HSE as well as other stakeholders such as the NDA, voluntary service providers, advocacy groups, and service users to produce an overall plan for implementing Part 3 of the Disability Act. The National Specialist in Accessibility will be a vital resource to the system and will offer guidance, advice and strategic support to assist in the promotion of access activities. It is envisaged that the post holder will be in place not later than March, 2008.

The HSE’s Service/Business Plans have been proofed against its obligations under Part 3 of the Disability Act, 2005.

Progress in implementing Part 5

A Human Resource Sub-Group on Implementation of the Disability Act has published a report recommending a number of actions to ensure that the Department is compliant with the Disability Act 2005. The Sub-Group continues to meet to monitor the implementation of recommendations contained in the report.

A survey by the monitoring committee on the employment of people with disabilities in the DOHC, carried out on the basis of self-disclosure, indicates that 8.86% of persons employed in the Department are people with disabilities. It should be noted, however, that the response rate to the survey was 30%. In line with the process for monitoring employment in the civil service, the required returns have been made to the Department of Finance.
The Monitoring Committee for the Employment of People with Disabilities in public bodies under the aegis of the Department reported to the Minister and the NDA on 30th June 2007. Since then, the Committee has been working closely with the NDA on evaluating the results provided by these public bodies. This will inform the work of the Committee on how to encourage compliance, as well as learning from bodies which have met the 3% target.

Public bodies, including the Department, the HSE and the other agencies under the remit of the Department are now required to ensure that communications to a person with a hearing or visual impairment must, as far as practicable, be provided in an accessible format. Public bodies are also required to ensure that goods or services purchased are accessible to people with disabilities. The Departmental procurement policy has been completed. This has highlighted the Department’s obligations under the Act.

The HSE employs in the region of 75,000 staff directly and funds a further 38,000 personnel in voluntary hospitals and bodies. Prior to the establishment of the HSE in 2005, 10 health boards managed health services, each with its own management structure. The HSE has made considerable progress has been made in moving towards unified HR practices, and it will develop a standardised system for the collection of information regarding numbers of employees with a disability as required under section 48(2) of the Disability Act 2005. This will be completed by end of 2008.

The HSE will endeavour to ensure that, in accordance with Part 5 of the Act, not less than 3% of the persons employed by it are persons with disabilities.

The HSE-EA has developed a Strategy and Action Plan for the Employment of People with Disabilities in the Health Service. This was prepared by the National Equal Opportunities Working Group, which operates under the auspices of the HSE-EA. The aim of the strategy is to assist health service employers in meeting their obligations under the Employment Equality Acts 1998 and 2004 and the Disability Act 2005 to provide full and equal access to employment opportunities to people with disabilities and to ensure retention of people with disabilities in employment. This includes employees who acquire a disability during their working lives.

**Cross-Sectoral Co-Operation**

There has been progress in promoting the philosophy of a joined-up government approach to disability and mental health. The establishment of two key national bodies, the HSE and the NCSE, are key to this process.

The Disability and EPSEN Acts provide the framework within which specialist support services to children and adults with disabilities and mental health will be planned and delivered. The provisions of the EPSEN Act 2004 and the Disability Act 2005 are complementary and designed to cover the spectrum of needs for both adults and children. This includes transition planning at various stages such as pre-school to primary, primary to second level and into adult services. In order to oversee implementation of both Acts, a cross-sectoral team has been established, with membership from the DOHC, the DES, the HSE and the NCSE, to progress the work in these areas.

In addition to cross-sectoral co-operation between the health and education sectors, work is ongoing in the following areas:

**Department of Social and Family Affairs**

The DOHC is working with the Department of Social and Family Affairs and the HSE to develop a new legislative and administrative framework to transfer Domiciliary Care Allowance and other disability and
care-related payments to the Department of Social and Family Affairs. Good progress is being made on this work, which is overseen by a group comprising of the two Departments and the HSE.

**Department of Environment, Heritage and Local Government**
A protocol to govern interagency cooperation between the HSE and Housing Authorities in relation to services provided for people with a disability has been agreed. The protocol is focused on children under five years who are assessed by the HSE under Part 2 of the Disability Act 2005, and are identified as likely to require housing support.

The protocol was developed by the Department of the Environment, Heritage and Local Government and the DOHC in association with the HSE and the Local Authorities and is in line with commitments given in the sectoral plans of both Departments following the requirements of section 32 and section 36 of the Disability Act, 2005. It details the process to be undertaken between the two agencies.

Further protocols in relation to assessment of need for people with a disability will be developed and implemented in line with the phased implementation of the statutory requirements of Part 2 of the Disability Act, 2005 to all age groups by 2011.

**Department of Enterprise, Trade and Employment**
There has been positive progress in promoting a cross-sectoral approach to supporting and enhancing adult day occupational and training services for people with disabilities. For details see action 24.
3. Review of the Sectoral Plan

Progress achieved since publication of the Sectoral Plan
Significant progress has been achieved since the Sectoral Plan was published in July 2006. The main elements of the progress are detailed below.

1. Implementation of the Multi-Annual Investment Programme to progressively address identified needs
Significant funding has been allocated for health related supports in the disability and mental health sectors, which have enabled considerable progress to be made in the employment of additional clinical staff to enhance services for people with disabilities and mental health.

In the Multi-Annual Investment Programme an extra €100m was provided in both 2006 and 2007 for the development of services in the areas of physical and sensory disability, intellectual disability and mental health. Capital funding of €55m was provided in both years. This amounts to a total of €310m of new investment, €120m of which has been provided by the Government in the period since the Sectoral Plan was published for the enhancement of health funded services for people with disabilities and mental health.

The protocols governing the implementation of, and reporting on, the Multi-Annual Investment Programme for services for people with disabilities detail specific targeted areas for which funding has been announced. These include:

- Residential, day and respite services for people with intellectual disability and autism;
- Residential and home support/ personal assistance services for people with physical and sensory disabilities;
- Funding to develop community mental health services primarily through the development of day centres, day hospitals and community residential facilities.

€12.2m funding was provided in 2006, €15m in 2007 and a further €10m in 2008 for the multi-disciplinary and administrative support required for the implementation of the Disability Act. This funding also included sanction of additional posts for the disability and mental health sectors. To date, this funding provided for the creation of 394 multi-disciplinary posts primarily in the area of speech and language therapy, occupational therapy, physiotherapy, psychology and social work. In addition, Assessment Officers and Liaison Officers (Case Managers), as required under the Act were employed. Delays have been experienced in the employment of multi-disciplinary staff due to a number of factors and in particular a lack of availability of suitable qualified and experienced staff.

The Multi Annual Investment Programme and the increase in day respite and residential places are important developments. However, the focus of attention is shifting from the sole provision of places to other identified needs such as:

- Relocating individuals from inappropriate institutional facilities on large campuses (sometimes known as congregated settings) to appropriate community settings;
- Development of challenging behaviour and dual diagnosis treatment services and step down facilities;
- Development of services for the elderly intellectually disabled population particularly in the area of palliative and dementia care;
- Development of support services for individuals with mild intellectual disability in their local community;

1 Numbering in the progress chapter refers to Actions listed in Appendix 1 of the Department of Health and Children Sectoral Plan
• Development of after-school programmes (where both parents work and childcare is difficult to access due to the complex needs of the child);
• Enhancement of service provision for individuals whose needs change over a period of years especially in relation to residential service provision;
• Development of new models of day service provision.

In view of this shift in focus, it is now an opportune time to review the MAIP to ensure that we focus sufficiently on defining service targets and outcomes.

2. Commence Part 2 with reference to children aged under 5 years old

Part 2 of the Disability Act commenced for children aged under five with effect from 1st June 2007. The HSE has appointed a project manager to oversee the implementation of Part 2 of the Act. The various components concerning the implementation of Part 2 are dealt with at a later stage.

The Act provides an opportunity to examine current practice in relation to assessment and intervention. It has the potential to lead to the refocusing of services as currently delivered, with services planned, prioritised and monitored on the basis of a consistent and standardised process of assessment of need. The HSE is working with Voluntary Service Providers and services user representatives at national and local level to ensure the implementation of the Act builds on existing expertise, knowledge and good practice.

A proposal for the development of a national framework for service delivery for children 0-5 years with complex developmental needs was developed and has been refined to reflect the HSE transformation programme.

As of 31st October 2007 822 applications for an independent assessment of need under the Disability Act 2005 have been received.

3. Commence Part 2 in respect of children aged 5-18

As provided for in Section 23 of EPSEN 2004, the NCSE delivered its implementation report to the Minister for Education and Science in October 2006. The DES has considered the report in detail and is finalising the preparation of implementation proposals in the context of the estimates process. Progress has commenced with work on going to address policy issues and establish the foundation for the phased rollout of the Act.

A considerable amount of progress has been made in this regard including:

• The setting up of Special Education Appeals Board - established in April 2007 to hear and determine appeals under the Act;
• Advice circulated to all schools – Circular issued to all primary schools in June 2007 to provide update on the current status of the EPSEN Act and the Disability Act;
• NCSE Staffing – The Department has recently secured Department of Finance sanction for 8 additional staff for NCSE;
• Department Staffing – A Principal Officer has been appointed to the Department’s Dublin offices to co-ordinate developments necessary to roll-out the Act over the coming years;
• Consultation with partners - As an initial step the Department held a series of meetings with the management, teacher and parent representative bodies of primary and post primary schools. The representative bodies agreed to consider a number of issues and revert to the Department.
In consultation with the DOHC and the HSE the following progress has been achieved:

- Cross-Sectoral Team was established in October 2006;
- Standards for the Assessment of Need – published in June 2007;
- The Health Information and Quality Authority (HIQA), which was established in May 2007, has formally adopted the Standards as developed by the sub-group of the Cross-Sectoral team.

A number of other initiatives vital to the implementation of the Act are currently in progress and are being monitored regularly to ensure their compliance with the timelines involved.

In relation to the planning for the 5-18 age cohort and adults, a number of further actions are planned for in the coming months. Under the auspices of the Cross-Sectoral team a sub-group representative of the main partners will scope the implications of the commencement of assessment and intervention for 5-18 year olds. A protocol between HSE and DES and NCSE will be developed to clearly outline how requests for HSE support should be made. The HSE, DES and the NCSE will agree the format of the sections of the Individual Education Plan (IEP), which are relevant to health related supports. All parties will examine how the IEP process and the assessment of need process can be aligned in the best interest of the children in question. The HSE also intends to scope the current provision of health related supports to school-going children and to endeavour to quantify the demand for further supports. The HSE further intends to examine models of service provision for school-going children with disabilities.

5. Put in place a Cross-Sectoral team consisting of senior officials from the Departments of Health and Education, the HSE and the NCSE, to ensure that arrangements for the implementation of Part 2 of the Disability Act and the EPSEN Act are progressed in tandem, having due regard to the resources and capacity of both sectors concerned

A Cross-Sectoral team consisting of senior officials from the DES, the DOHC, the HSE and the NCSE was established in October 2006 to ensure that arrangements for the implementation of Part 2 of the Disability Act and the EPSEN Act are progressed in tandem, having due regard to the resources and capacity of both sectors concerned. Since it was established the Cross-Sectoral Team has meet on 15 occasions and will continue to meet on a regular basis until both Acts are fully implemented.

Two sub-groups of the Cross-Sectoral team were established to progress the publication of Standards and Regulations respectively. Their work is described in Actions 10 and 11 below.

6. Appoint, and provide appropriate training for, Assessment Officers

The HSE has appointed 32 Assessment Officers, one for each of the local health office areas. Extensive training has been provided by the HSE. Initially a training programme was designed to ensure that Assessment Officers had a common understanding of the Disability Act and their role, the standards for the assessment of need process and an overview of disability services, as well as the role of the many clinicians involved in the process. Subsequent training was arranged to clarify issues relating to standard documentation and to address other queries.

Further training days are now planned to offer feedback on the amendments to standard documentation, the summary report and the Assessment Report. Meetings between the Assessment Officers and disability specialists take place regularly to ensure that issues are dealt with promptly.

Each LHO will prepare a management plan showing how the existing and any additional services will be used to provide assessments of need for children aged under five. The aim is to achieve this while ensuring that there is no diminution in services to this age group or in assessment or intervention to other age groups.
The HSE will continually assess the need to increase these posts pending periodic reviews of applications received. A map of the assessment process is attached at Appendix 2.

7. Designate, and provide appropriate training for, Liaison Officers
The HSE is in the process of appointing Liaison Officers who will be known as Case Managers. The role of the Case Manager will be to compile a Service Statement based on the Assessment Report having regard to available resources. An initial orientation programme for Case Managers was held which provided an overview of the legislation, HSE structures, the HSE transformation programme and of disability and mental health services. The format of the Service Statement will follow the format of the Assessment Report. A map of the Liaison Officer (Case Manager) process is attached at Appendix 3.

8. Disseminate information to all relevant stakeholders (including service users, their families and carers) on the assessment process proposed
An information campaign was developed by the HSE to publicise the commencement of Part 2. An information leaflet has been distributed to primary care centres, voluntary bodies, hospitals and pharmacies. The HSE has also undertaken a print media campaign to advertise the commencement of Part 2. The NDA also undertook a nationwide campaign in order to inform the public of their rights under Part 2 of the Act.

An Information Workshop for all stakeholders was held at national level. Similar information workshops were held at local and regional level for frontline managers in both statutory and voluntary sector health service providers.

9. Develop protocols and criteria to guide the assessment process locally and nationally
Protocols and criteria have been developed to guide the assessment process. These reflect existing good practice and meet the referred provisions of the legislation. Further updates and refining of the guidelines used in determining whether an applicant has a disability in line with the Act will be completed in the short-term.

As part of the HSE Transformation Programme the HSE is reviewing the respective role for Primary Care Teams and of specialist services in delivering the assessment of need under the Disability Act 2005. This review will inform the development of services.

10. Prepare regulations governing the assessment of need process
A sub-group of the Cross-Sectoral Team, established to develop the regulations, had representation from the DOHC and the HSE. The final draft of the regulations was adopted by the Cross-Sectoral Team. The regulations, which were named the Disability (Assessment of Needs, Service Statements and Redress) Regulations 2007, were signed by the Minister for Health and Children on 1st June 2007 and were laid before the Houses of the Oireachtas. The Commencement Order also was signed by the Minister for Health and Children at this time.

The regulations include specific timeframes and procedures for the carrying out of assessments, complaints and appeals. The regulations will be the subject of reviews as appropriate i.e. when the Act commences for 5 -18 year olds and adults. For details see http://www.dohc.ie/legislation/statutory_instruments/pdf/si20070263

11. Draw up of standards for the assessment of need process
The Disability Act 2005 provides that assessments of need will be carried out in accordance with standards to be developed by a body nominated by the Minister for Health and Children (Section 10). This body is the Health Information and Quality Authority (HIQA), which was established in May 2007.
Pending the establishment of the Health Information and Quality Authority, the Cross-Sectoral team established a sub-group to prepare Standards for the Assessment of Need pending the establishment of the Authority. The Standards for the Assessment of Need Sub-Group had representation from the DOHC, the HSE, DES, National Educational Psychological Service, NCSE, Mental Health Commission, NDA and the Interim Health Information and Quality Authority.

Part of the process for developing these standards involved extensive consultation, which culminated in two facilitated consultations days, which took place in February 2007. Together with written submissions, the outcomes of these two days were compiled to form a composite report, which the Standards Sub-Group used to inform the final document. The Standards were signed off by the Cross-Sectoral Team and formally adopted by HIQA and published in May 2007. For details see http://www.dohc.ie/publications/needs_assessment.html

12. Make arrangements for the agreement of protocols for liaison with the NCSE with regard to educational needs for adults

Discussions have taken place regarding protocols for liaison between the NCSE and the HSE in relation to all age groups including adults. Protocols for action will take account of the fact that the EPSEN Act envisaged an implementation period for EPSEN and in that regard required the NCSE to prepare an implementation plan, over a period not exceeding 5 years. This area has proven quite challenging in relation to protocols.

A timetable for the implementation of the legislative framework for assessments and delivery of services is being prepared. A plan and timescale will be developed by the DOHC and DES, in consultation with the HSE and the NCSE, and the primary delivery systems, for the complementary introduction of the Disability and EPSEN Acts for children aged 5-18.

While the legislation allows for parents to apply for an assessment of need under either Act under certain conditions, the primary legislation for the 5-18 year old age group is more likely to be the EPSEN Act 2004. The HSE will liaise with DOHC, DES and the NCSE with a view to determining a plan for the delivery of health related support to this age group.

Initial work has commenced between DOHC, DES, HSE and NCSE on identifying the educational services required by adults and the structures, protocols and resources required across all agencies to meet these needs.

13. Make arrangements for the agreement of protocols with Local Authorities and relevant Government Departments and agencies for the sharing of information in relation to assessed needs, which are outside the remit of the health or education sectors

The HSE is developing protocols to ensure that there are linkages with other bodies for the transfer of information referred to in Section 12 of the Disability Act 2005. A protocol has been agreed regarding the sharing of information in relation to housing needs between the HSE and Local Authorities. Further protocols with other Governments Departments will be developed as necessary.

14. Agree a format for service statements

The HSE established a group to map out the role and function of the Liaison Officers (Case Manager) provided for in the Act. Specifically, this group examined:

- The linkages between the Liaison Officer (Case Manager) and the Assessment Officer;
- The linkages between the Service Statement and the Assessment Report;
- The processes involved in drawing up Service Statements;
• The processes involved in producing the data required for the annual report to the Minister.

The format of the Service Statement has been developed and agreed between the DOHC and the HSE. It will be subject to regular review as necessary.

15. Establishment of a joint workforce planning group with the HR Directorate of the HSE to ensure appropriate and integrated workforce planning activity

A joint DOHC / HSE working group on workforce planning was established in June 2006. The Departments of Health and Children, Finance, and Education and Science, as well as the HR Directorate of the HSE are represented on this group. The group’s initial focus was to review future workforce requirements in the areas of disability, care of older persons and cancer services. This group reports periodically to the Cabinet Committee on Health and Children.

As part of the group’s work, FAS has agreed to undertake a follow up study to the Health Care Skills Monitoring Report of August 2005. Ten professions are being selected for this review by FAS.

A national integrated workforce planning strategy is also being drafted with a steering group appointed to oversee the development of the strategy.

16. Address skill mix issues and ensure that appropriate education is provided to all assistant grades

Several official reports have recognized the importance of skill mix. “Towards 2016; the Ten-Year Framework Social Partnership Agreement commits the health service unions to co-operate fully with the implementation of further skill mix initiatives.

The Framework states that “appropriate skill mix supports all professionals to expand their roles to meet the demands of changing service…….. There will be co-operation with the introduction of specific new skill mix initiatives, for example, Therapy Assistants and the mainstreaming of earlier initiatives.”

The joint workforce planning group and strategy (action 15) seeks to ensure that service needs will be met by those persons with the appropriate skill and competency to deliver the service. This will involve looking across professions, within the grading structure of professions and to support grades.

The Securing Knowledge Intra Lifelong Learning (SKILL) Project

The parallel benchmarking publication, Recognising and Respecting the Role (2003), available at http://www.skillproject.ie/publications/rartr.doc identified a gap in the provision of education, training and development opportunities to staff working in) Project is to address these gaps by providing education, training and development initiatives to around 28,500 support staff and support service managers in the health services.

The Department has worked closely with the HSE-EA, SKILL and a number of the professions to establish some grades of support staff, e.g. Physiotherapy, Occupational Therapy, Speech and Language Therapy and Rehabilitation assistants and in the development of appropriate training programs for these staff leading to the “Health Service Skills” award.

Just under 3,000 support staff and supervisors are currently participating in the SKILLVEC programme.

The HSE is co-ordinating a comprehensive census of multi-disciplinary team staffing in mental health services as a decision support tool which will advance the creation of multidisciplinary teams in adult and child and adolescent services.

The training of Clinical Psychologists has been revisited and a single approach adopted across all training colleges. A new Post Graduate Training programme for Psychiatric Nurses has also been developed and
will commence in January 2008.

17. Make arrangements for the administrative structures necessary for the processing of complaints under Part 2 to be put in place within the new statutory complaints framework currently being developed

The HSE has established a complaints procedure for complaints received under Part 2 of the Disability Act 2005. The HSE is in the process of recruiting two complaints officers. They will be based in the Consumer Affairs Section of the HSE and will deal with all complaints under Part 2 of the Act, either through informal resolution or through formal investigation. Complaints Officers will then make a determination on the complaint and prepare a report. When a complaint is not resolved, a second complaints officer will be nominated to investigate the complaint and prepare a report of the findings. Pending the appointment of these complaints officers, the existing complaints officers approved under section 9 of the Health Act 2004 will provide this service.

An independent appeals process is in place for a complainant to appeal to the Appeals Officer against a recommendation of a complaints officer and/or non-implementation of the recommendation of complaints officer by the HSE or education provider (action 20).

18. Make arrangements for simple, easy to understand information to be developed for service users wishing to make a complaint

Part 2 of the Disability Act 2005 provides for a complaints process. All written information relating to the assessment of need process specifies that individuals have the right to make a complaint and outlines the process.

19. Arrange for provisions in relation to the making of complaints to be inserted into the Regulations prepared under section 21

The Regulations stipulate that a complaint should be made in writing as soon as possible, but no later than three months after the date on which the cause of the complaint has arisen. A complaints form in accessible format is available from the HSE on request.

20. Arrange for the appointment of an Appeals Officer and staff, and the allocation of resources from within the Department’s Vote for the appeals function

Pending the appointment of an Appeals Officer on a permanent basis, an Appeals Officer has been appointed in a temporary capacity. The Appeals Officer post will be filled by way of open competition by the Public Appointments Service in the coming months. A map of the appeals process is attached at Appendix 5. The Appeals Office is located at Monastery Road in Clondalkin.

21. Make arrangements for a review of the existing information management systems within the disability and mental health services, to identify what additional resources and infrastructure would be required to meet the obligations under section 13

An interim IT system has been developed in order to collect the data required to allow the HSE to meet its obligations under the Act. These records will be collected for the purpose of planning the provision of assessments and services and will identify:

- Persons for whom assessments or services are being provided;
- The services provided and by whom;
- The needs identified and not included in Service Statements;
- The number of applications for assessment made and completed;
- The number of persons (including age and category of disability) not receiving services identified in Assessment Reports.
The first report to be submitted by the HSE to the Minister of Health and Children under Section 13 of the Act will be for the period of 1st June 2007 to 31st December 2007. The second report will be for 1st January 2008 to 31st December 2008 and annually thereafter. The first report will be presented to the Minister before the end of June 2008 in accordance with the provisions of the Act. The second report will be presented before the end of June 2009 and annually thereafter.

The DOHC and the HSE will initiate a review of the information needs of all relevant stakeholders in order to provide the most effective method of collecting data for the purposes of planning services to meet the needs of people with disabilities.

22. Protocols will be agreed with the Housing Authorities to deal with the following:
(i) ensure that housing strategies and housing action plans reflect specific strategies for dealing with the housing needs of people with disabilities;
(ii) assessment of housing needs;
(iii) support costs for social housing projects provided for people with disabilities.

A group chaired by the Department of the Environment, Heritage and Local Government, and including representatives of the DOHC, the HSE and the Local Authorities, drew up a protocol to govern arrangements between the HSE and Local Authorities in relation to housing needs identified under the assessment of need process (for under fives as Part 2 of the Disability Act 2005 has only commencement for this age cohort). The Group agreed the protocol in July, 2007 and the protocol is being implemented. Information relating to the protocol is available on both the DOHC and the Department of the Environment, Heritage and Local Government’s websites. Further protocols in relation to assessment of need for people with a disability will be developed and implemented, for all age groups, by 2011 in line with the phased implementation of the statutory requirements of Part 2 of the Disability Act.

Work is continuing between the DOHC, the Department of the Environment, Heritage and Local Government and the HSE and Local Authorities on the development of a protocol governing support costs for social housing projects provided for people with disabilities. This protocol will develop arrangements between the HSE and Local Authorities for the provision of grant aid under the Department of Environment, Heritage and Local Government Capital Assistance Scheme from service providers/housing agencies working on behalf of people with a disability, which have ongoing revenue/staffing implications. The protocol is expected to be implemented within the next twelve months.

A protocol governing the strategic assessment of the nature and extent of local housing needs of people with a disability will be developed and implemented by 2009.

23. Protocol agreed with the Department of Social and Family Affairs to deal with the following:
(i) develop income and related supports for people with disabilities in order to ensure that they have adequate, secure and sustainable income;
(ii) ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/educational opportunities;
(iii) ensure that supports to Carers are efficient and effective and are adaptable to their needs in a

2 The Mental Health Commission and the Health Research Board have prepared a National Mental Health Minimum Dataset, which is under discussion with the Department of Health and Children and the HSE.
The Government decided to transfer income support and maintenance schemes from the HSE to the Department of Social and Family Affairs. An inter-departmental implementation group has responsibility for implementing the Government’s decision.

Responsibility for the following schemes currently administered by the HSE will transfer to Department of Social and Family Affairs:

- Domiciliary Care Allowance, including Respite Care Grant;
- Blind Welfare Allowance;
- Mobility Allowance and
- Infectious Diseases Maintenance Allowance.

A new legislative and administrative framework will be established within the Department of Social and Family Affairs to meet the needs of the people with disabilities in receipt of these income maintenance schemes. Detailed proposals will be contained in the 2008 Social Welfare Bill to facilitate implementation in the first half of 2009.

The DOHC will continue to work with the Department of Social and Family Affairs to

- develop income supports to make sure that people with disabilities have adequate, secure and sustainable income;
- ensure that those income supports and associated benefits do not create barriers to people with disabilities participating in the work force or training/education.

Citizens Information Act

The Minister for Social and Family Affairs signed the commencement order for the Citizens Information Act, 2007 in April, 2007. With the exception of Section 5 and parts of Section 4 of the Act, which deal with the introduction of the Personal Advocacy Service, all sections of the Act are now in force. At the beginning of 2007, the Citizens Information Board had some 30 advocacy projects in the community and voluntary sector underway throughout the country. A further 10 to 13 projects are planned between now and year end to ensure that there is a wide geographic coverage in services. Arrangements for the commencement of the Personal Advocacy Service early in 2008 are on target.

24. Protocols will be agreed with the Department of Enterprise, Trade and Employment to deal with the following:

(i) to achieve an agreed understanding of the implications for both departments (and their respective agencies) of the government decision to transfer responsibility for sheltered and supported employment from the Department of Health & Children to the Department of Enterprise & Employment;

(ii) to agree an action plan for the phased transfer of funding and responsibilities from the health sector to the Dept of Enterprise and Employment;

(iii) to plan and develop Joint Bridging Programmes between health-funded day services and DETE/FÁS training and employment services to ensure a more effective progression of service users from HSE services to DETE/FÁS services;

(iv) To promote the development of cross cutting information and monitoring systems in relation to supported and sheltered services for the purposes of future service development.

The National Co-ordinating Committee, comprising of the DOHC, Department of Enterprise Trade and Employment (DETE), the HSE and FAS have worked to improve current services and to expand support services for people with disabilities in the areas of training, sheltered and supported employment.
Part of this work has been the establishment of a joint FAS/ HSE approach to the development of ‘bridging initiatives’, which focus on supporting the effective transition from rehabilitative training to vocational training.

Alongside these initiatives, the DOHC is working with the HSE and the DETE to support the implementation of the Government decision regarding mainstreaming and the phased transfer of funding and responsibility for appropriate employment services (including sheltered and supported employment services) from the health sector to DETE. A HSE National Review Group is carrying out a strategic review of HSE funded adult occupational day services.

25. Provision of disability awareness training for all staff
The DOHC has published Disability Awareness Guidelines on its intranet. The need for further disability awareness training in specialised areas such as mental health issues and the provision of accessible information will be kept under review.

26. Preparation of a staff handbook containing information on disability services available in the Department
The Department published the Manager’s Handbook in July 2006 with full details of all available disability services.

The HSE website (www.hse.ie) contains detailed information on Disability Services. Further work will be done on the preparation and distribution of a staff handbook outlining how the HSE as an organisation communicates with and delivers services to people with disabilities. The HSE is currently working with the NDA in preparing this handbook.

27. Provision of interpreter services for all conferences and consultation processes hosted by the Department
The Department arranges for sign language interpretation services to be provided at all conferences and consultations as appropriate. New procedures are being developed to ensure that Department officials are aware of how to assist people with disabilities meeting with Department officials.

28. Issue internal guidelines to staff on arrangements for the provision of information in all accessible formats
The Department has drawn up guidelines to assist staff in matters relating to the provision of accessible information. The guidelines, which have been published on the Department intranet, include a list of service providers who can assist in the provision of alternative format documentation.

29. Include the offer to accommodate special needs in all invitations to meetings with Department Officials
The Department invites those attending meetings with officials to request whatever services may be required to assist in the meeting. The provision of any required services is arranged as necessary.

30. Commencement of an audit of existing public buildings with regard to their accessibility to persons with disabilities in 2006, which will lead to an agreed and planned programme of remedial works, to be implemented over the period covered by the National Development Plan 2007 to 2013
This process has commenced. A series of access audit reports on 40 health centres in Dublin Mid-Leinster was undertaken to review the level of accessibility and to identify aspects of the design, layout and use of the buildings that adversely affect on people with disabilities. The reports provide general guidance on
accessibility, together with specific recommendations on alterations and adaptations to accommodate the needs of people with disabilities, including employees with disabilities. The HSE is currently examining these reports with a view to developing an audit tool, which would be used nationally to evaluate the accessibility of existing health settings in use by members of the public, which are directly managed or funded by the HSE and to establish a basis for developing a programme of action for improvement of access. This audit is due to be completed by the end of 2008.

32. An audit of services will be planned and undertaken to establish how integrated service provision is and to identify and put in place a plan of action designed to ensure accessibility Consistent with the HSE’s transformation programme, work is currently proceeding on redesigning primary care and specialist disability services in order to support the agenda of mainstreaming.

34. Complete a review its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act The HSE has commenced a review of its existing procurement policies, practices and procedures to ensure compliance with the Act. The review is due to be completed by the end of 2007 and will then inform revised procurement policies, practices and procedures. The HSE has also commenced a review of its Standard Conditions of Contract and is seeking legal advice as to how specific elements of legislation that apply only to public bodies can be extended to include contracted agencies. This review is also due to be completed by the end of 2007. The HSE will continue to review its procurement practices and will draw up supplementary policies and procedures as required.

35. Provide guidance and protocols to service areas on ensuring that all client communications are accessible In the HSE a number of guidelines and protocols to ensure that all client communications are accessible are currently being prepared. These include Guidelines for Writers and Editors; Quality Assurance Testing for Accessibility; and Accessibility and Usability – Standards and Guidelines. These guidelines will be completed by early 2008 and will be reviewed on an on-going basis. Further work will be done on developing guidelines for staff on arrangements for the provision of information in all accessible formats.

36. Request all services to review their communications at local, regional and national level with a view to ensuring that, as far as practicable, the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities The HSE National Communications Unit has requested that all services initiate a review of their communications at local level, to include the identification, where appropriate, of mechanisms to ensure that oral, electronic or written communication to persons with visual or hearing impairments are provided in a format accessible to the individual concerned.

37. Develop a policy of ensuring all printed and electronic information for the public uses simple clear language, and is tested for those with basic literacy skills HSE has engaged with the Irish Advocacy Network and prepared information resources on mental health issues. These materials will available in early 2008.

Guidelines for writing effective health information materials have been developed as part of the National Health Promotion Information Project and are available throughout the services and to the public. The Communications Office uses plain English in all its publications.

38. Work with non-statutory service providers to ensure that, where practical and appropriate, the provisions of Part 3 of the Disability Act 2005 are complied with
Service level agreements with contracted agencies are currently being drafted, which will require compliance with Part 3 of the Act. However, it should be noted that where current settings are inappropriate, the desired action may be to transfer persons out of such settings rather than making inefficient investments in existing infrastructure.

39. Accessibility audits of premises with a view to complying, as far as practicable, with the provisions of the Act

Preliminary work is being carried out on the development of an audit tool to assist the audit of existing public buildings.

43. Ensure, as far as practicable, that information which is provided to the public is provided in an accessible format, where so requested by persons with hearing impairments, visual impairments or persons with intellectual disabilities

The HSE website (www.hse.ie) meets the highest standards of accessibility for all users, regardless of physical, intellectual or technological ability (W3C-AAA). This allows the detailed health service and health information contained on the website to be accessible to those using a range of assistive technologies and tools.

45. Establish a National Disability Advisory Committee, representative of people with disabilities and other key stakeholders to:

(i) Provide a forum to inform policy at national level in relation to services for people with disabilities;

(ii) Form part of the overall monitoring mechanism in relation to the implementation of the National Disability Strategy in so far as it relates to the health services;

(iii) Advise the Minister for Health and Children on progress in the implementation of the Disability Act 2005 within the health services;

The Department established the Committee, which met for the first time on 1st October 2007. The Committee is representative of people with disabilities and other key stakeholders. The membership of the Committee is attached at Appendix 6.
4. New and reviewed targets

*Note: the numbering in the targets does not refer to the numbering in the DOHC Sectoral Plan, but instead lists the targets in numerical order.

<table>
<thead>
<tr>
<th>Target*</th>
<th>Action</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>1. DOHC to monitor the Implementation of Part 2 of the Disability Act 2005 for children under 5</td>
<td>The DOHC and the HSE has established a monitoring group, which meets on a regular basis. This group will continue to meet to monitor and evaluate progress.</td>
<td>Continuous</td>
</tr>
<tr>
<td>2. DOHC to monitor the filling of the development posts for which the recruitment timeframes have been extended into 2008 by the HSE</td>
<td>The DOHC will work with the HSE to ensure that the development posts will be in place as early as possible</td>
<td>Posts in place by April 2008</td>
</tr>
<tr>
<td>3. DOHC to agree protocols with the DES and the NCSE for the referral of children under 5 for education assessment</td>
<td>The DOHC and the HSE will continue to work with the DES to agree protocols for referral.</td>
<td>Immediate</td>
</tr>
<tr>
<td>4. DES, DOHC, NCSE and the HSE to prepare for the commencement of Part 2 in respect of children aged 5-18</td>
<td>DOHC, HSE, DES and NCSE to agree a framework for approaching the process ahead. This will include the following actions: The HSE to scope the current provision of health related supports to school-going children and to endeavour to quantify the demand for further supports. Develop a protocol between HSE, DES and NCSE to outline how requests for HSE support should be made. Agreement by the HSE, DES and the NCSE of the format of the sections of the IEP, which are relevant to health related supports. DES, DOHC, NCSE and the HSE to examine how the IEP process and the assessment of need process can be aligned in the best interest of children.</td>
<td>April 2008, May 2008</td>
</tr>
<tr>
<td>5. DES, DOHC, NCSE and the HSE to prepare for the statutory requirements of Part 2 to be extended to adults</td>
<td>HSE, in consultation with DES and NCSE will scope the implications of extending the assessment of need</td>
<td>In tandem with the planning process for 5 – 18 year olds.</td>
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<tr>
<td>Target*</td>
<td>Action</td>
<td>Timeframe</td>
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<td>6.</td>
<td>HSE to put in place the administrative structures necessary for the processing of complaints under Part 2 within the new statutory complaints framework.</td>
<td>HSE to recruit complaints officers as outlined in section 15.</td>
</tr>
<tr>
<td>7.</td>
<td>HSE to develop guidelines for improving the accessibility of health services for people with disabilities in Ireland.</td>
<td>Provision of guidelines by the HSE internal Implementation Overseeing Group in conjunction with the NDA. Target is linked to target 15.</td>
</tr>
<tr>
<td>8.</td>
<td>HSE to collect information regarding numbers of employees with a disability as required under section 48(2) of the Disability Act 2005.</td>
<td>Development of a standardised system for the collection of detailed information.</td>
</tr>
<tr>
<td>9.</td>
<td>DOHC to arrange for the appointment of a permanent Appeals Officer</td>
<td>Recruitment and appointment of a permanent Appeals Officer through the Public Appointments Service</td>
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<tr>
<td>10.</td>
<td>DOHC and HSE to make arrangements for a review of the existing information management systems within the disability and mental health services</td>
<td>DOHC and HSE will agree the process to initiate a review of the information needs of all relevant stakeholders in order to provide the most effective method of collecting data to meet the requirements of the legislation and for the purposes of planning services to meet the needs of people with disabilities.</td>
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<td>11.</td>
<td>HSE to submit annual report to the Minister of Health and Children under Section 13 of the Act</td>
<td>The HSE will submit the Annual Report containing data as provided for in Section 13 of the Disability Act 2005.</td>
</tr>
<tr>
<td>12.</td>
<td>DOHC and the HSE to agree protocols with the Housing Authorities to deal with the following: (i) ensure that housing strategies and housing action plans reflect specific strategies for dealing with the housing needs of people with disabilities; (ii) assessment of housing needs; (iii) support costs for social housing projects provided for people with disabilities.</td>
<td>Protocol for providing grand aid under the Capital Assistance Scheme from service providers/housing agencies working on behalf of people with a disability to be agreed. A protocol governing the strategic assessment of the nature and extent of nature of local housing needs of people with a disability will be developed and implemented by 2009.</td>
</tr>
<tr>
<td>13.</td>
<td>DOHC to agree protocol with the Department of Social and Family Affairs to deal with the following: (i) develop income and related supports for people with disabilities in</td>
<td>A new legislative and administrative framework will be established within the Department of Social and Family Affairs to meet the needs of the people with disabilities in receipt of Social Welfare Bill 2008 to facilitate transfer of specified allowances.</td>
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<tr>
<td>Target*</td>
<td>Action</td>
<td>Timeframe</td>
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<td>order to ensure that they have adequate, secure and sustainable income; (ii) ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/educational opportunities; (iii) ensure that supports to Carers are efficient and effective and are adaptable to their needs in a changing care environment.</td>
<td>income maintenance schemes stated in Action Point 23.</td>
<td></td>
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<tr>
<td>14. DOHC and HSE to agree protocols with the Department of Enterprise, Trade and Employment to deal with the following: (i) to achieve an agreed understanding of the implications for both departments (and their respective agencies) of the government decision to transfer responsibility for sheltered and supported employment from the Department of Health and Children to the Department of Enterprise and Employment; (ii) to agree an action plan for the phased transfer of funding and responsibilities from the health sector to the Dept of Enterprise and Employment; (iii) to plan and develop Joint Bridging Programmes between health-funded day services and DETE/FÁS training and employment services to ensure a more effective progression of service users from HSE services to DETE/FÁS services; (iv) To promote the development of crosscutting information and monitoring systems in relation to supported and sheltered services for the purposes of future service development.</td>
<td>Agree proposal with DETE for a support scheme, which would enable existing sheltered workshops to convert to sheltered enterprise, where appropriate. Completion of review of Adult Day services, including sheltered work, by HSE working group Action plan on funding transfer and transfer of responsibilities to be realised, subject to the agreement of the DETE and other relevant organisations. Work to continue between FAS and the HSE in relation to the development of ‘bridging initiatives’, which focus on supporting the effective transition from rehabilitative training to vocational training.</td>
<td>March 2008 This review is due to be completed by mid 2009 May 2008 Ongoing</td>
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<tr>
<td>Target*</td>
<td>Action</td>
<td>Timeframe</td>
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<td>15. HSE to put Access Officers to in place and an appropriate training programme for Access Officers will be developed and delivered to ensure consistency across the health system</td>
<td>1. Appointment of national specialist in accessibility by HSE 2. Plan for the Designation of Access Officers 3. Commencement of designation</td>
<td>March 2008. Sep 2008 End 2008</td>
</tr>
<tr>
<td>16. HSE to build on current work in relation to Disability Awareness Training, with a view to putting in place a planned and co-ordinated approach across the health system</td>
<td>The HSE induction training programmes include training on disability awareness. Once the national specialist is in place further work will be done on developing a co-ordinated approach to the delivery of such training across the health system.</td>
<td>Early 2009</td>
</tr>
<tr>
<td>17. HSE to complete a review of its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act</td>
<td>Completion of review by the HSE with regard to existing procurement policies, practices and procedures. Completion of the review by the HSE of its Standard Conditions of Contract.</td>
<td>Both reviews to be completed by end 2007 and implemented June 2008</td>
</tr>
<tr>
<td>18. The HSE will provide guidance and protocols to service areas on ensuring that all client communications are accessible. HSE to request that all services review their communications at local, regional and national level with a view to ensuring that, as far as practicable, the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities.</td>
<td>The HSE National Communications Unit is currently drawing up guidance and protocols to ensure that all client communications are accessible. Completion by all HSE services of a review of their communications at local level.</td>
<td>On-going</td>
</tr>
<tr>
<td>19. HSE will complete an audit of existing public buildings with regard to their accessibility to persons with disabilities in 2006, which will lead to an agreed and planned programme of remedial works, to be implemented over the period covered by the National Development Plan 2007 to 2013</td>
<td>Complete audit of health settings in use by members of the public, which are directly managed or funded by the HSE, to help inform the extent of the remedial works required within the prescribed timeframes.</td>
<td>Audit to be completed by the end of 2008</td>
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<tr>
<td>20. DOHC to designate Access Officers in Statutory bodies which come under the aegis of the DOHC</td>
<td>Designation of Access Officers</td>
<td>On-going</td>
</tr>
<tr>
<td>21. DOHC to commence audit of services to establish how integrated service provision is, and take appropriate measures to ensure that the services to the general public are</td>
<td>Department is liaising with agencies under its aegis.</td>
<td>On-going</td>
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<tr>
<td>Target*</td>
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<td>Timeframe</td>
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<td>accessible to people with disabilities where practicable and appropriate.</td>
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<td>22. DOHC to ensure that the goods or services that are supplied to them are accessible to people with disabilities unless it would not be practicable or justifiable on cost grounds to do so or would result in an unreasonable delay</td>
<td>The Departmental procurement policy has been completed which has highlighted the Department's obligations under the Act.</td>
<td>On-going</td>
</tr>
<tr>
<td>23. DOHC and HSE to undertake second annual review of Sectoral Plan</td>
<td>Completion of second review</td>
<td>October 2008</td>
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Appendix 1 – Towards 2016 update

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<tr>
<th>Towards 2016 Commitment</th>
<th>Performance Indicators</th>
<th>Progress</th>
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<tr>
<td>Development of a Sectoral Plan. Each plan will set out, for each of these Departments and the public bodies under their aegis, the programme of measures to be taken in relation to the provision of services for people with specified disabilities. The plans are to be laid before each House of the Oireachtas not later than 28th July 2006.</td>
<td>Development of Sectoral Plan no later than 28th July 2006.</td>
<td>The Sectoral Plan for the DOHC was published in July 2006 and contains a commitment that the Plan will be reviewed on an annual basis for the first three years.</td>
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<tr>
<td>Assessment for, and access to, appropriate health and education services including residential care, community based care, and mental health services within the framework of the Disability Act, 2005 and the Education for Persons with Special Education Needs Act, 2004. Developments will include:</td>
<td>Implementation of Part 2 of the Disability Act 2005 and implementation of the Education for Persons with Special Educational Needs Act 2004.</td>
<td>Part 2 of the Disability Act 2005 commenced for children aged under 5 with effect from 1st June 2007. Part 2 will be commenced in respect of children aged 5 – 18 in tandem with the implementation of the EPSEN Act 2004 which is expected to commence by 2010 and the statutory requirement of Part 2 will be extended to adults as soon as possible but no later than 2011.</td>
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<tr>
<td>- Implementation of Part 2 of the Disability Act 2005 and implementation of the Education for Persons with Special Educational Needs Act 2004;</td>
<td></td>
<td>Service provision for people with disabilities is ongoing and being augmented with increased investment under the Multi Annual Investment Programme, 2006-2009.</td>
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<tr>
<td>- Person-centred supports will continue to be developed for long stay residents in psychiatric hospitals, with a view to their movement back into community living</td>
<td>Supports to be developed on an ongoing basis.</td>
<td>As part of the monitoring procedures under the Multi Annual Investment Programme 2006-2009 a protocol was</td>
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<tr>
<td>- Central to the successful implementation of the National Disability Strategy will be a process of financial accountability. Clear guidelines will be developed to ensure that the investment in the Strategy delivers value for money and real tangible benefits to people with disabilities.</td>
<td>Guidelines for financial accountability</td>
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<td>Towards 2016 Commitment</td>
<td>Performance Indicators</td>
<td>Progress</td>
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<td>HSE will be asked to take into account the appropriateness of core funding essential health and personal social services.</td>
<td>agreed between the DOHC and the HSE to ensure that specific targeted service provisions as listed in the investment programme for each year are achieved. The HSE will monitor and supervise the use of the monies allocated to the service providers and the DOHC will monitor HSE progress in achieving targets under the investment programme. The MAIP funding has provided 250 residential, 535 day and 85 respite places for people with intellectual disability and autism per year. An additional 80 residential places and 250,000 PA/Home support hours for people with physical and sensory disabilities have also been delivered each year to date in line with the Protocols agreed between Department of Health and Children and the HSE. The posts required to put the above developments in place have also been filled. Some developments in 2007 have been delayed with</td>
<td></td>
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</tbody>
</table>
Towards 2016 Commitment | Performance Indicators | Progress
--- | --- | ---
Establishing on a statutory basis the Social Services Inspectorate (SSI) (which currently inspects children’s residential and foster care services on an administrative basis) through the legislation for the establishment of the Health Information and Quality Authority (HIQA) which is expected to be published during the 2006 Autumn Session. | Legislation is published and passed, and HIQA is established, and within HIQA, the establishment of the SSI. | timeframes being extended into 2008. The Health Act 2007 provided for the establishment of the Health Information and Quality Authority (HIQA) and HIQA was formally established in May 2007. The Act establishes the Office of the Chief Inspector of Social Services within HIQA, with specific functions. A policy on rehabilitation will be developed and completed before the next annual review in 2008.

Developing a strategic integrated approach to rehabilitation services within the context of the Multi-Annual Investment Programme with a view to supporting people back into employment, as appropriate, through early intervention and enhanced service provision. | Develop the framework for a strategic integrated approach. | Production of Standards
National Standards will be introduced in respect of specialist health services for people with disabilities, taking into account the draft standards already prepared by the NDA, together with the report of the Working Group on the development of a Code of Practice for Sheltered Workshops. | At the request of the DOHC the NDA produced Draft National Standards for Disability Services. These Draft National Standards have been forwarded to HIQA. A Standards Advisory Group on Designated Centres for People with Disabilities has been established by HIQA. The new standards will build
<table>
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<th>Towards 2016 Commitment</th>
<th>Performance Indicators</th>
<th>Progress</th>
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<td>on the work already done in relation to the earlier draft standards. It is intended that the new draft standards will be circulated to stakeholders in a consultation exercise in mid 2008.</td>
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<td></td>
<td>In relation to the Code of Practise for Sheltered Workshops, the HSE has established a National Review Group on Adult Day Services. The issue of the draft Code of Practise for Sheltered Occupational Services is under active consideration by this Group.</td>
</tr>
<tr>
<td>In addition, each sectoral plan will include monitoring and review procedures. Departments are also required to set out in the sectoral plans the arrangements that will be put in place to monitor the compliance of state bodies and other relevant service providers with the provisions of the Disability Act, 2005.</td>
<td>Review of Sectoral Plan by July 2007</td>
<td>The DOHC and the HSE will undertake an annual review of progress in each of the first three years of the Sectoral Plan. The first of these reviews has been completed and is available on the DOHC website. The review includes details of all monitoring and evaluation systems in place.</td>
</tr>
</tbody>
</table>
Appendix 2 – Map of the Assessment Process under the Disability Act 2005

ASSESSMENT OFFICER – PROCESS CHART

Application recorded on IT system

Review period
not expired
OR
If a child, AoN
took place in
previous 12
mths
OR
Applicant does
not meet
eligibility
criteria

Application received by
AO and
deemed complete

If there is a health
component not
occasioned by
disability
Refer to relevant
health service

Eligible
OR
assessment
required to
determine if
AO needs
further
assessment

If there is a
component other
than health or
education
Refer to relevant
public body

Inform applicant of
the processes
involved

If there is a need
for education
 provision
Request for
assistance made
to NCSE or school
principal

Carry out a desk-
top assessment of
the case

Applicant / AO
consultation
(May be
continuous)

Arrange further
assessments

Inform LO of
needs identified
and assessments
arranged

AR produced

Send AR to
LO

AR provided to
applicant at the
same time as SS is
provided

AO Accepts

Communicate
decision to
applicant

Complaints
Procedure

Following
assessments,
applicant
found not to
have a
disability as
defined by the
Disability Act

Following
assessments,
applicant
found to have
a
disability as
defined by the
Disability Act

Time frames
governing the
process not
adhered to

All stages of
the process
recorded on the IT
system

Enter AR on IT system

AO
Assessment Officer
AR
Assessment Report
AoN
Assessment of Need
LO
Liaison Officer
NCSE
National Council for Special Education

Main Process
Data Recording
Interface With Other Processes
Issues Arising
Appendix 3 – Map of the Process for the Liaison Officer (Case Manager) under the Disability Act 2005

PROCESS CHART – LIAISON OFFICER – DISABILITY ACT

- Request to AO for Assessment
- If accepted, inform LO of needs identified and assessments arranged
- Provide AR and other info to public bodies if required
- AR received from AO
- Consult Service Provider Contact Person
- Identify services already in place
- Identify additional components required
- Identify Service Providers for additional components
- Identify what can be delivered / not delivered / time table
- AR provided to applicant at the same time as SS is provided
- Draw up SS
- Enter SS on database
- Annual report on service gaps identified
- Provide SS to applicant
- Consultation and explanation meeting with applicant, if required
- Amend SS as appropriate
- Implement
- Meet with Applicant
- Changes in circumstances, Changes in 11.(7) (a-f)
- Review according to defined framework

AO: Assessment Officer
AR: Assessment Report
LO: Liaison Officer
NCS: National Council for Special Education
SS: Service Statement

Main Process
Data Recording
Interface With Other Processes
Issues Arising

ANNEX – PAGE 33
Appendix 4 – Map of the Complaints Process under the Disability Act 2005

- Complainant
  - Makes complaint on prescribed form
  -HSE
    - Complainant acknowledged within 5 working days
    - Form to COMPLAINTS OFFICER within 10 working days

- Assessment Officer
- Liaison Officer

- HSE
- Education Service Provider

- Report on complaint
- complaint frivolous or vexatious?
  - YES
  - NO
- Resolvable informally by COMPLAINTS OFFICER?
  - YES
  - Solution recorded
  - NO
  - Failure to resolve recorded
  - Second COMPLAINTS OFFICER
    - Investigates privately through oral and written evidence
    - Makes findings and makes recommendations with relevant timescales
Appendix 5 – Map of the Appeals Process* under the Disability Act 2005

- Appeal received on prescribed form
- Examined to confirm it comes within terms of Section 16 of Disability Act
- Acknowledged within 14 days
- Appeal examined by appeals officer to determine if it is:
  a) Appropriate for mediation
  b) Not appropriate for mediation but appropriate for investigation and/or
  c) Appropriate for an oral hearing
     (In some cases an appeal may go through all three stages above)
- After the appeal is examined by the Appeals Officer a letter will issue to the HSE within 14 days requesting information/documentation to be submitted within 21 days
- If mediation is suggested and the appellant agrees both parties will be contacted within 14 days of that agreement to initiate mediation
- If mediation is successful a legally binding agreement is signed by both parties
- The entire mediation process must be completed within 30 days of being initiated
- If mediation is unsuccessful the appeal will be referred back to the Appeals Officer for a determination
- The Appeals Officer will, following consideration of the appeal and any discussions with the parties involved issue a written determination within 56 days of the appeal having been referred for determination
- If an oral hearing is required the Appeals Officer will issue a determination within 56 days of the oral hearing being held

* The timelines for the Appeals process, as set out above, are provisional.
### Appendix 6 – Membership of the National Disability Advisory Committee

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
<th>Position</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Mr.</td>
<td>Fergal</td>
<td>Lynch</td>
<td>Assistant Secretary</td>
<td>DOHC</td>
</tr>
<tr>
<td>Mr.</td>
<td>Dermot</td>
<td>Ryan</td>
<td>Principal Officer</td>
<td>DOHC</td>
</tr>
<tr>
<td>Mr.</td>
<td>John</td>
<td>Dolan</td>
<td>Chief Executive Officer</td>
<td>Disability Federation of Ireland</td>
</tr>
<tr>
<td>Mr.</td>
<td>Seamus</td>
<td>Greene</td>
<td>Director</td>
<td>National Parents &amp; Siblings Alliance</td>
</tr>
<tr>
<td>Ms.</td>
<td>Anne</td>
<td>Horan</td>
<td>Assistant Principal</td>
<td>Sonas</td>
</tr>
<tr>
<td>Ms.</td>
<td>Mary</td>
<td>Horan</td>
<td>Chief Executive Officer</td>
<td>Special Education Section</td>
</tr>
<tr>
<td>Mr.</td>
<td>Brian</td>
<td>Howard</td>
<td>Chief Executive Officer</td>
<td>Mental Health Ireland</td>
</tr>
<tr>
<td>Mr.</td>
<td>Tom</td>
<td>Kelleher</td>
<td>Senior Policy and Public Affairs Advisor</td>
<td>195 Beechpark</td>
</tr>
<tr>
<td>Ms.</td>
<td>Mary</td>
<td>Meaney</td>
<td>Vice Chair</td>
<td>National Disability Authority</td>
</tr>
<tr>
<td>Mr.</td>
<td>Dan</td>
<td>Moore</td>
<td>Chief Executive Officer</td>
<td>People with Disabilities in Ireland</td>
</tr>
<tr>
<td>Ms.</td>
<td>Deirdre</td>
<td>Carroll</td>
<td>Chief Executive Officer</td>
<td>Inclusion Ireland</td>
</tr>
<tr>
<td>Prof.</td>
<td>June</td>
<td>Nunn</td>
<td>Department of Public and Child Dental Health</td>
<td>Dental School and Hospital</td>
</tr>
<tr>
<td>Ms.</td>
<td>Clodagh</td>
<td>O’Brien</td>
<td>Not For Profit Business</td>
<td>Association</td>
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<tr>
<td>Mr.</td>
<td>Brian</td>
<td>O’Donnell</td>
<td>Chief Executive Officer</td>
<td>National Federation of Voluntary Bodies</td>
</tr>
<tr>
<td>Mr.</td>
<td>Ger</td>
<td>Reaney</td>
<td>Lead for Disabilities</td>
<td>HSE South</td>
</tr>
<tr>
<td>Ms.</td>
<td>Rosemary</td>
<td>Smyth</td>
<td>Director Training and Development</td>
<td>Mental Health Commission</td>
</tr>
</tbody>
</table>
Appendix 7 - HSE Implementation Overseeing Group
Terms of Reference and Membership

Purpose
The purpose of the Implementation Overseeing Group is to monitor and oversee the HSE’s compliance with the actions arising from the Disability Act.

Specific Tasks
To define and clarify the obligations of the HSE pertaining to Parts 3 and 5 of the Disability Act, 2005, as outlined in the DOHC’s Sectoral Plan.

To oversee the implementation of the HSE’s obligations under Parts 3 and 5 of the Disability Act, 2005, as outlined in the DOHC’s Sectoral Plan.

To function as a resource to the system, offering technical support and advice in relation to the actions outlined in the DOHC’s Sectoral Plan.

To monitor compliance with the Act and Sectoral Plan and oversee that tasks are carried out in line with agreed timeframes.

To link back to each of the functions or service domains within the HSE, through the representatives on this Group.

To prepare progress reports for the CEO, HSE on the implementation of the actions outlined in the Sectoral Plan.

To link with other external agencies for the purpose of facilitating implementation of the actions outlined in the Sectoral plan.

Membership of Group
James O’Grady, Assistant National Director, Disability Services (Chair)
Tom McGuirk, National Disability Services
Ray Maloney, National Shared Services
Sandra Eaton, National Communications Office (replaced Mary Brodie, April 2007)
Thelma Birrane, Population Health Services (replaced Lisa McGeehan, September 2007)
Breege Kelly, National HR Directorate
Jerry McNamara, Technical Services
Andrew Condon, National Hospitals Office
Anna Killilea, HSE Employment Agency
Dr. Anne Marie Rooney, National Disability Authority
Erik Koornneef, National Disability Authority